



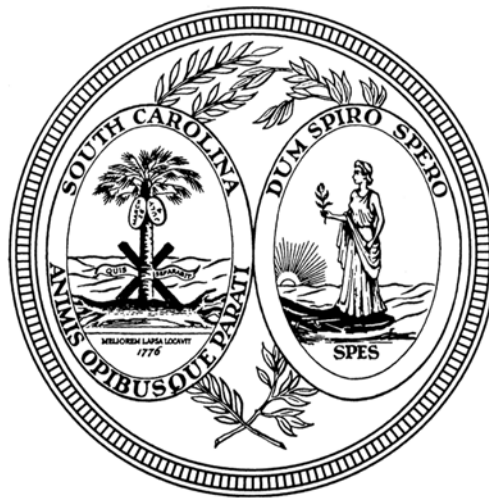
LAC

SOUTH CAROLINA GENERAL ASSEMBLY

Legislative Audit Council

June 2020

A REVIEW OF THE S.C. DEPARTMENT ON AGING



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Introduction and Background

Audit Objectives

Members of the South Carolina General Assembly asked the Legislative Audit Council (LAC) to conduct an audit of the S.C. Department on Aging (SCDOA). The requestors had concerns about the agency's organization and structure, contract issues, employment policies and practices, the agency's compliance with federal and state laws, and its use of best practices. While the agency has undergone structural changes over the years and has found itself in various placement settings within state government, it became a separate cabinet agency in January 2019. Requestors thought this would be an opportunity for this new cabinet agency to be reviewed and receive recommendations for improvement.

We conducted survey work that included interviews with agency staff and reviewed multiple reports and other documentation, federal and state laws, and regulations. We also consulted with the requestors before developing the following objectives which guided our audit:

- Review the revenue sources and funding for the S.C. Department on Aging to determine whether funds are allocated to areas of greatest need and to determine whether appropriate procedures are in place to ensure that providers are compensated correctly and in a timely manner.
- Review the process by which the S.C. Department on Aging monitors programs to determine if programs are implemented effectively, efficiently, consistently, and according to applicable law and best practices.
- Review the S.C. Department on Aging's human resources management practices to determine if the agency complies with applicable laws and agency policies.
- Review the S.C. Department on Aging's communication practices within the agency and with partners throughout the aging network to determine if the agency is transparent, responsive, and providing timely and accurate information.
- Review the S.C. Department on Aging's organizational and management structures to determine if the agency is effectively organized to deliver and monitor services to seniors.

- Review the contracts between the S.C. Department on Aging and outside professionals, including, but not limited to, contracts for information technology services, in order to determine for each contract reviewed:
 - Agency compliance with appropriate law in establishing the contracts.
 - Reasons for entering into the contractual relationships.
 - Contract costs.
 - Products or services that the agency received from having entered into the contracts.

Scope and Methodology

The period of our review was generally 2016 through 2019, with consideration of earlier and more recent periods when relevant. To conduct this audit, we used a variety of sources of evidence, including:

- Interviews and correspondence with current and former SCDOA employees, employees of other state agencies, and interested parties.
- Survey of other states' units on aging.
- Survey of SCDOA employees.
- SCDOA policies and procedures.
- SCDOA reports.
- State plans on aging.
- Federal and state financial data.
- Interviews with and reports from area agencies on aging.
- Accountability reports.
- Long-term care ombudsman reports.
- Data from SCDOA's information systems.
- U.S. census data.
- Federal and state laws and regulations.

We notified other state agencies that we might develop recommendations applicable to them because they also deal with seniors. Those South Carolina agencies are:

DEPARTMENT OF SOCIAL SERVICES (DSS)
DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS (DDSN)
DEPARTMENT OF MENTAL HEALTH (DMH)
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL (DHEC)
DEPARTMENT OF EMPLOYMENT AND WORKFORCE (DEW)

Criteria used to measure performance included federal and state laws, agency policies and procedures, and generally accepted business practices. We interviewed SCDOA staff about the information systems they use. We determined how data is collected and maintained and the levels of controls. We reviewed internal controls of these systems in several areas and noted any identified weaknesses in our report.

We conducted this performance audit in accordance with Generally Accepted Government Auditing Standards (GAGAS), with one exception (see *Scope Impairment*). These generally accepted auditing standards require that we plan and perform our audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe the evidence we obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

S.C. Code §2-15-50(b)(2) requires us to review the effectiveness of an agency to determine if it should be continued, revised, or eliminated. We did not conclude from this audit that SCDOA should be eliminated, but our audit does include recommendations for improvement.

Scope Impairment

GAGAS requires that we report significant constraints imposed upon the audit approach that limited our ability to address audit objectives. We experienced denials and delays of access to records, particularly regarding long-term care ombudsman case files.

During our audit, we requested 65 long-term care ombudsman case files to assess whether these cases:

- Are initiated within the time limits prescribed in state law.
- Contain consent forms to initiate an investigation.
- Include supporting documentation that justified the given reason for closure.

The initial discussion of the review was not countered with any objections. However, after the agency received the list of the specific case files we intended to review, we were denied unfettered access to the files due to federal restrictions (see *Disclosure and Identity*). Subsequent discussions resulted in an agreement that we would have access to the files for our review. That resulted in a last-minute reversal of the agency's stance. In a final round of discussions, it was agreed that the agency would provide the case files with redacted resident and complainant information. It took approximately one month to obtain all the files after our initial request.

Quality Control Review

During the redacting period, the agency stated that it was conducting a quality control review of the requested files, specifically that complainant- and resident-identifying information was, indeed, redacted. The use of the phrase "quality control," however, is often associated with reviewing some type of content for completeness and accuracy. Due to the use and timing of this phrase, it is questionable whether the agency's quality control review was limited to ensuring that resident- and complainant-identifying information was redacted or if it extended to a review of the files' content for completeness and accuracy.

Disclosure and Identity

The long-term care ombudsman program is primarily governed by the federal Older Americans Act (OAA). The OAA prohibits the disclosure of the identity of any complainant or resident with respect to whom the program maintains such files, records, or other information unless the complainant or resident provides consent or the program is required to by a court order. Federal ombudsman regulations restate these restrictions. However, OAA regulations conflict with these restrictions with regard to auditors. Specifically, 45 CFR §1321.51 requires SCDOA to maintain procedures regarding the confidentiality of information about older persons that:

...shall ensure that no information about an order [sic] person, or obtained from an older person by a service provider or the State or area agencies, is disclosed by the provider or agency in a form that identifies the person without the informed consent of the person or of his or her legal representative, *unless the disclosure is required by court order, or for program monitoring by authorized Federal, State, or local monitoring agencies.* [Emphasis added.]

The LAC is a state monitoring agency, and, according to this regulation, is qualified to receive information about an older person, including the identity and additional information of long-term care ombudsman complainants or residents, when requested.

Although we were eventually able to complete the audit work necessary to meet the audit objectives, the denials and delays impacted the completion of the audit.

Issues for Further Study

During our audit, we identified two issues that deserve further study, as identified in the following chapters. However, time constraints prevented us from auditing them.

Chapter 2

Change of Unit Costs Over Time by Region

Chapter 4

Quality and Consistency of Ombudsmen Certification Training

Background

SCDOA is responsible for coordinating the state's implementation of the federal Older Americans Act of 1965 (OAA). The OAA requires each state to have a single designated state unit on aging. SCDOA is that unit and is responsible for administering all of the federal OAA funds allocated for the state, as well as state appropriated funds.

Federal law requires state units on aging to allocate federal aging funds through a federally approved intrastate funding formula to regional area agencies on aging (AAAs). South Carolina's 46 counties are divided into ten planning and service areas, in which the ten AAAs operate. The AAAs use this funding, as well as state funding, for home and community-based services, regional planning, resource coordination, client needs assessments, and oversight of a coordinated service delivery system. Through regional evaluations of met and unmet needs, the AAAs determine how aging funds are to be budgeted locally. The OAA gives the AAAs legal authority to select regional service providers. Each AAA is authorized to contract with service providers for aging services offered locally to seniors. SCDOA designates as AAAs only those sub-state entities with the capacity and the commitment to fully carry out the mission described in the OAA at the regional level.

The mission of SCDOA is to meet the present and future needs of seniors and to enhance the quality of life for older South Carolinians through advocating, planning, and developing resources in partnership with federal, state, and local governments, nonprofits, the private sector, and individuals. SCDOA facilitates the development or enhancement of comprehensive and coordinated community-based systems serving communities throughout South Carolina. These systems are designed to assist older persons in leading independent, meaningful, and dignified lives in their own homes and communities as long as possible.

Over the years, the state unit on aging has been located in an independent, multi-member commission; the Governor's office; another state agency; and, most recently, the Office of the Lieutenant Governor. Effective January 1, 2019, the Lieutenant Governor's Office on Aging became a cabinet agency and was renamed the Department on Aging.

The powers and duties of the department are established in S.C. Code §43-21-10, *et. seq.* SCDOA is led by a director, appointed by the Governor, with the advice and consent of the Senate. The agency operates with a staff organized along functional and programmatic lines. In FY 19-20, SCDOA was appropriated a total of \$52.1 million, including \$18.7 million in state general funds.

Funding SCDOA and the Aging Network

We reviewed the sources of funding for the S.C. Department on Aging (SCDOA) to determine whether these funds are allocated to areas of greatest need and whether appropriate procedures are in place to ensure that providers are compensated correctly and in a timely manner.

We found that SCDOA:

- Has used an increasing amount of its state funding for federal matching purposes.
- Uses outdated data to calculate how much funding to allocate to regions of the state.
- Carried forward a large amount of state funding in FY 18-19 due to a change in the lifecycle of federal grants.
- Does not have effective cost control measures and, as a result, there is wide variation in the unit costs for services across the state.
- Does not monitor the number of people on waiting lists or the length of time people spend on waiting lists.
- Lacks policies and procedures to ensure that grant awards and reimbursements are made in a timely manner.

We also found that the number of individuals who have received aging services has not increased at the same rate as the projected growth in the population 60 years and older over the previous 10 years.

SCDOA Funding

SCDOA has an annual budget of more than \$50 million and acts primarily as a pass-through entity to provide funds to regional organizations in order to provide services to elderly citizens. We found that SCDOA:

- Has used an increasing amount of its state funding for federal matching purposes.
- Has carried forward a large amount of state funding in FY 18-19 due to a change in the lifecycle of federal grants.
- Does not have effective cost control measures, and, as a result, there is wide variation in the unit costs for services across the state.

Federal Funding and the Older Americans Act

The Older Americans Act (OAA) provides federal funds to support services for individuals 60 years of age and older. These services are intended to ensure that older Americans can be independent and healthy. OAA funding in FFY 18-19 (federal fiscal year) totaled \$2.055 billion.

The OAA contains the following seven Act titles, six of which authorize appropriations for different types of aging services.

- Title I Sets the policy objectives of the OAA and provides definitions for terms used in the Act. This title does not authorize any appropriations.
- Title II Establishes and provides funding for the federal Administration on Aging. It also provides grants for elder abuse prevention and long-term care ombudsman programs.
- Title III-B Provides grants for supportive services, such as transportation, health and nutrition education, in-home services, and any other services necessary for the general welfare of older individuals.
- Title III-C1 Provides grants for congregate meal services.
- Title III-C2 Provides grants for home-delivered meal services.
- Title III-D Provides grants for evidence-based disease prevention and health promotion services and information.
- Title III-E Provides grants to support family caregivers and older relative caregivers.
- Title IV Authorizes funding for training, research, and demonstration projects related to the field of aging.
- Title V Establishes the Senior Community Service Employment Program, an employment program for unemployed low-income persons aged 55 and older.
- Title VI Provides grants for services to American Indians, Alaskan Natives, and Native Hawaiians that are comparable to services provided under Title III.
- Title VII Provides allotments for vulnerable elder rights protection activities.

Title III grants comprise the majority of OAA funding. In FFY 18-19, Title III grants comprised 73% of total OAA funding. Of all Title III funding, grants for nutrition services under Title III-C are the majority, comprising 44% of all OAA funding in FFY 18-19. States are allowed by the OAA to transfer up to 30% of funding between Titles III-B and III-C, and up to 40% between Titles III-C1 and III-C2. Most funding appropriated under the OAA is allocated among states according to their proportion of the national population 60 years of age and older.

Each state must designate an agency to be the state unit on aging, which will develop and administer multi-year state plans that advocate for, and provide assistance to, older citizens, their families, and, often, adults with disabilities. SCDOA is the designated state unit on aging for South Carolina.

States are to be divided into planning and service areas (PSA) in which area agencies on aging (AAAs) operate and provide services, unless a state is granted approval to operate as a single PSA. South Carolina is divided into ten planning and service areas, listed in Table 2.1.

**Table 2.1: South Carolina
Planning and Service Areas**

REGION	COUNTIES SERVED
Appalachia	Anderson, Cherokee, Greenville, Oconee, Pickens, Spartanburg
Upper Savannah	Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda
Catawba	Chester, Lancaster, Union, York
Central Midlands	Fairfield, Lexington, Newberry, Richland
Lower Savannah	Aiken, Allendale, Bamberg, Barnwell, Calhoun, Orangeburg
Santee-Lynches	Clarendon, Kershaw, Lee, Sumter
Pee Dee	Chesterfield, Darlington, Dillon, Florence, Marion, Marlboro
Waccamaw	Horry, Georgetown, Williamsburg
Trident	Berkeley, Charleston, Dorchester
Lowcountry	Beaufort, Colleton, Hampton, Jasper

Source: SCDOA

Sources of SCDOA Funding

In FY 19-20, SCDOA was appropriated a total budget of approximately \$52.1 million, of which \$18.7 million came from the state general fund. Appropriations for home and community-based services (HCBS) comprise the majority of state general funds for SCDOA, which in FY 19-20 was nearly \$11 million. Other sources of funding include:

- Private donations.
- S.C. Eldercare Trust Fund.
- Senior Citizens Center Permanent Improvement Fund.
- Bingo tax revenue.
- S.C. Department of Health and Human Services.
- S.C. Housing Finance and Development Authority.
- Various other sources, including the U.S. Department of Veterans Affairs and the Alzheimer's and Related Disorders Association.

Table 2.2 shows the sources of funding for SCDOA from FY 16-17 through FY 18-19.

Table 2.2: SCDOA Sources of Funding, FY 16-17–FY 18-19

FUNDING SOURCE	FY 16-17	FY 17-18	FY 18-19
General Funds	\$17,591,229	\$18,119,710	\$18,163,509
Capital Reserve Funds	\$824,650	–	–
Federal Grants	\$24,104,560	\$23,486,110	\$29,120,870
Other Funds	\$5,267,260	\$3,998,564	\$2,858,932
Refunds	-2,377	–	–
Private Donations	10,500	16,280	60,490
Bingo Tax Revenue for Home and Comm. Svcs.	600,000	600,000	861,000
S.C. Eldercare Trust Fund	11,779	21,350	21,316
Sr. Citizens Ctr. Permanent Improvement Fund	963,434	975,852	725,874
S.C. Dept. of Health and Human Services	25,000	25,000	25,000
S.C. Housing Finance and Development Authority	250,000	–	40,252
Alzheimer's and Related Disorders Association	869,677	675,000	1,125,000
Other Sources	2,539,247	1,685,082	–
TOTAL	\$47,787,699	\$45,604,384	\$50,143,310

Note: Numbers may not add up precisely to totals due to rounding.

Sources: S.C. Department of Administration, S.C. Department on Aging, FY16-17–FY18-19 S.C. Appropriations Acts

Table 2.3 lists federal grants received by SCDOA from FFY 16-17 through FFY 18-19. Most of SCDOA's federal funding is from grants made under Title III of the OAA, covering services such as meal delivery, respite care, and other supportive services. Most federal grants are not allocated based on the state fiscal year, which runs from July 1 through June 30, but rather the federal fiscal year, which runs from October 1 through September 30.

Table 2.3: Federal Funds Granted to SCDOA, FFY 16-17–FFY 18-19

GRANT	FFY 16-17	FFY 17-18	FFY 18-19
Title III-B Supportive Services	\$7,692,191	\$8,881,593	\$8,994,284
Title III-C1 Congregate Meals	\$3,397,548	\$3,826,321	\$3,357,872
Title III-C2 Home-Delivered Meals	\$4,442,728	\$5,024,428	\$5,650,671
Title III-D Evidence-Based Programs	\$285,210	\$394,555	\$397,382
Title III-E Family Caregivers Support	\$2,298,360	\$2,798,605	\$2,852,799
Title VII Vulnerable Elder Rights Protection	\$313,874	\$332,473	\$334,371
Nutrition Services Incentive Program	\$1,701,588	\$1,750,463	\$1,785,790
GRANT*	TIME PERIOD	GRANT AMOUNT	
Senior Community Service Employment Program	7/17–6/18	\$1,076,437	
Senior Community Service Employment Program	7/18–6/19	\$1,079,976	
Senior Community Service Employment Program	7/19–6/20	\$1,081,441	
Senior Medicare Patrol Program	5/18–5/23	\$581,970	
State Lifespan Respite	9/17–8/20	\$810,770	
State Health Insurance Assistance Program	4/17–3/20	\$2,210,482	
Prime Ombudsman Program	8/18–8/20	\$775,557	
Medicare Improvements for Patients and Providers Act	9/18–9/20	\$502,188	

Note: These amounts are final grant amounts, after any transfers and reallocations.

*These grants are those that are not annually recurring or do not have a time period that aligns with the federal fiscal year.

Sources: Administration for Community Living, SCDOA

Federal Matching and State Home and Community-Based Funds

Six OAA grants require non-federal matching funds. This means that, of the total amount spent fulfilling the purposes of these grants, there is a minimum percentage of funding that must come from non-federal sources. Table 2.4 lists the matching requirements for federal OAA grants. For example, of the amount spent on congregate meal services, at least 15% of the cost must be paid for using non-federal funding. In addition to the matching requirements listed, the OAA also requires that no more than 75% of the cost of state and area plan administration can be paid using federal funds.

Table 2.4: Required Matching Amounts for Federal Grants

GRANT	FEDERAL	NON-FEDERAL
Title III-B Supportive Services	85%	15%
Title III-C1 Congregate Meals	85%	15%
Title III-C2 Home-Delivered Meals	85%	15%
Title III-E Family Caregiver Support	75%	25%
Title V Senior Community Service Employment	90%	10%
State Lifespan Respite	75%	25%

Sources: Older Americans Act, Federal Regulations

Prior to July 1, 2017, state funds comprised a 5% match for federal grants, and the other 10% match was contributed at the local level by service providers, who were reimbursed at 90% of their contracted unit rates. Since July 1, 2017, however, SCDOA has utilized state HCBS funds to match federal grants, replacing the 10% match formerly provided by service providers.

The version of SCDOA’s policy manual that took effect on July 1, 2017 was updated to include this change, calling it a “pilot program” that would be evaluated to determine if it should continue. Later revisions of SCDOA’s policy manual maintained the policy change, but eliminated the language requiring it to be evaluated. SCDOA’s policy manual published after this change also states that the AAAs “[are] still responsible for raising local funds, which would have previously been used to meet the match requirement, in order to increase service delivery capacities in the region[s].” We were not provided any evidence that SCDOA has formally evaluated this policy change.

In FY 17-18, \$1,950,402 of state HCBS appropriations (17.8%) was used to match federal grants, and in FY 18-19, \$3,556,576 of state HCBS appropriations (32.4%) was used for the same purpose. Proviso 40.5 of the FY 19-20 Appropriations Act states that “funds may not be transferred from the Home and Community-Based special line item for any other purpose.” However, it is likely that these matching funds will be used for services that are allowable uses for HCBS funds under Proviso 40.5.

As of July 1, 2017, SCDOA eliminated the requirement that state HCBS funding have a 10% match from local sources. Agency policy states that this change would be evaluated to determine if it should continue. We were not provided any evidence of this policy change having been formally reviewed.

An agency official indicated that both of the policies previously discussed will be maintained.

Agency Policy Manual Inaccurate

SCDOA’s policy manual is outdated or inaccurate in several ways related to the agency’s funding. Without an accurate policy manual, SCDOA may not act in accordance with state and federal law. The following are examples of problems we found.

Outdated Proviso Section

Because SCDOA was formerly part of the Office of the Lieutenant Governor, the agency is listed under a different section of the state budget than it was prior to FY 19-20. However, SCDOA’s policy manual still only refers to proviso section 95 instead of the correct budget proviso section, which, as of FY 19-20, is section 40.

Inaccurate Administrative Costs

Section 207(G) of SCDOA’s policy manual states that the agency:

...will not fund program development and coordination activities as a cost of supportive services for the administration of area plans until it has first spent 10 percent of the total of its combined allotments for Titles III-B, C1, C2, and E on planning and administration activities.

However, this excludes Title III-D and is inconsistent with 45 CFR 1321.17(14)(i), which states that SCDOA’s state plan on aging must provide assurance that it:

...will not fund program development and coordinated activities as a cost of supportive services for the administration of area plans until it has first spent 10 percent of *the total of its combined allotments under Title III* on the administration of area plans. [Emphasis added.]

Similarly, section 305(L) of the agency’s policy manual states that AAAs:

...may use no more than 10 percent of the total of its combined allotments for supportive (Title III-B), nutrition (Title III-C-1 and Title III-C-2), and family caregiver services (Title III-E), to pay no more than 75 percent of the costs of administering its Area Plan.

However, per §304(d)(1)(A) of the OAA, this should also include Title III-D grants. This is also inconsistent with section 207(G) of SCDOA’s policy manual, which, citing §304(d)(1)(A) of the OAA, states:

AAAs may use 10 percent of *the total OAA Title III allotments* to pay no more than 75 percent of the cost of Area Plan administration. [Emphasis added.]

Inconsistency with Budget Proviso

In reference to state HCBS funds, section 604(1) of SCDOA’s policy manual states the following:

[U]p to five percent of the annual state appropriation for HCBS may be retained at the state office to be allocated to the affected regions in cases of a recognized emergency and/or natural disaster.

However, as of FY 17-18, this is no longer accurate. Starting in FY 17-18, Proviso 95.5 (and Proviso 40.5 as of FY 19-20) states that “up to three percent” of HCBS appropriations may be retained for that purpose. This change in proviso language was made at the request of SCDOA.

Section 604 of SCDOA’s policy manual also states that “[a]ll state funds appropriated for Home and Community Based Services are to be allocated to the AAAs based on the methodology of the Intrastate Funding Formula.” However, this is not reflective of the text of Proviso 40.5, which states:

The [Intrastate] Funding Formula shall be used *as a guideline* for the allocation of state funds appropriated for Home and Community-Based Services. The Department on Aging shall develop and implement a structured methodology to allocate the state Home and Community-Based Services funding. The methodology shall include *flexibility to reallocate funds amongst the AAAs*, and be composed of, at a minimum, the following factors: a minimum base amount, the fiscal year’s federally allocated funds, federal and state carry forwards [*sic*] funds, and an appropriate weighted proportion that will achieve the mission of the Department on Aging to provide as many services as possible to the citizens of South Carolina. [Emphasis added.]

Section 602(A) of SCDOA’s policy manual states that “[s]tate HCBS revenue is appropriated as ‘Aid to Subdivisions’ to the Department on Aging.” This is not accurate, as there is no “Aid to Subdivisions” line item in SCDOA’s budget, and there has been a “Home and Community Based Services” line item in SCDOA’s budget since FY 12-13.

Agency Budget Provisos

We found several problems in the text of SCDOA’s budget provisos. Provisos 40.1 and 40.2 in the FY 19-20 Appropriations Act reference state matching funds appropriated under “Distribution to Subdivisions.” However, there has not been a section entitled “Distribution to Subdivisions” in SCDOA’s budget since FY 15-16. Instead, these line items have been listed as part of a larger category of “Office on Aging Assistance” or “Aging Assistance.” There is a general ledger accounting code within SCEIS called “Dist. To Subdivision,” but no SCDOA funds were credited to this account since at least FY13-14.

Proviso 40.5 of the FY 19-20 Appropriations Act states that, “[t]he Interstate Funding Formula shall be used as a guideline for the allocation of state funds appropriated for Home and Community-Based Services.” However, this appears to be an error. The proviso is actually referring to the *Intrastate* Funding Formula. This language was added to the FY 17-18 Appropriations Act at the request of SCDOA.

When describing the acceptable uses of state HCBS funds, proviso 40.5 includes “personal care (formerly Home Care Level I), [and] homemaker (formerly Home Care Level II)” services. However, personal care services were actually formerly referred to as Home Care Level II, and homemaker services as Home Care Level I. This language, too, was added to the FY 17-18 Appropriations Act at the request of SCDOA.

Recommendations

1. The S.C. Department on Aging should formally evaluate the policy change allowing state funds appropriated for Home and Community-Based Services to be used as matching funds for federal grants.
2. The General Assembly should clarify whether state Home and Community-Based Services funds may be used as matching funds for federal grants.
3. The S.C. Department on Aging should ensure that its policy manual is kept up-to-date with current laws.
4. The General Assembly should replace references to “Distribution to Subdivisions” in Provisos 40.1 and 40.2 with “Aging Assistance.”
5. The General Assembly should replace the reference to “the Interstate Funding Formula” in Proviso 40.5 with “the Intrastate Funding Formula.”
6. The General Assembly should amend section 40 of part IB of the general appropriations act and delete the phrases “(formerly Home Care Level I)” and “(formerly Home Care Level II)” in proviso 40.5.

Allocation of Funding to Regional Agencies

SCDOA utilizes outdated population data in its formula to allocate funding to the individual regions of the state. This practice could result in a misallocation of funding.

Intrastate Funding Formula

In order to be eligible to receive funding under Title III of the OAA, states are required to develop a formula with which to distribute Title III funding to individual regions within the state. These intrastate funding formulas are based on the geographical distribution of older people in each state, as well as the distribution of older individuals with the greatest economic and social need, with particular attention to low-income minority older individuals. Table 2.5 lists the factors utilized in SCDOA's FFY 17-21 intrastate funding formula, as well as the numerical weights for each factor.

Table 2.5: Factors of SCDOA's Intrastate Funding Formula

FACTOR		WEIGHT
PROPORTION OF SOUTH CAROLINA	Base amount divided equally among the 10 Area Agencies on Aging	35%
	60+ population	20%
	60+ minority population	18%
	60+ population with limited English proficiency	2%
	60+ population at or below the poverty line	10%
	60+ population with moderate or severe disabilities	10%
	60+ population living in rural areas	5%
	TOTAL	100%

Source: SCDOA FFY 17-21 State Plan

Table 2.6 lists the individual factors utilized in SCDOA's intrastate funding formula and the overall proportion of funding each region is allocated based on the formula in FY 19-20. Appalachia has received the largest proportion of federal funding under this formula (17.12%), while Upper Savannah has received the smallest (7.39%).

Table 2.6: FY 19-20 Intrastate Funding Formula Calculations

REGION	TOTAL STATE POPULATION	BASE FACTOR	60+ POPULATION	60+ MINORITY POPULATION	60+ POPULATION WITH LIMITED ENGLISH PROFICIENCY	60+ POPULATION IN POVERTY	60+ DISABLED POPULATION	RURAL FACTOR	FUNDING PROPORTION ALLOCATED TO REGION
Appalachia	25.31%	10%	24.92%	15.33%	38.86%	23.96%	24.28%	5.43%	17.12%
Upper Savannah	4.66%	10%	5.24%	5.49%	3.98%	5.51%	5.72%	13.04%	7.39%
Catawba	7.91%	10%	7.63%	6.28%	3.91%	7.44%	6.82%	4.35%	7.88%
Central Midlands	15.33%	10%	12.91%	15.05%	15.56%	10.96%	12.72%	4.35%	11.69%
Lower Savannah	6.78%	10%	7.42%	10.61%	2.89%	10.21%	8.95%	18.48%	9.79%
Santee-Lynches	4.77%	10%	4.88%	7.87%	1.74%	5.73%	6.09%	11.96%	7.71%
Pee Dee	7.37%	10%	7.40%	11.33%	1.95%	10.13%	8.74%	22.83%	10.09%
Waccamaw	7.93%	10%	10.03%	6.94%	9.48%	9.70%	9.79%	7.61%	9.27%
Trident	14.59%	10%	12.65%	15.01%	14.33%	11.30%	11.20%	1.09%	11.32%
Lowcountry	5.34%	10%	6.93%	6.09%	7.31%	5.09%	5.69%	10.87%	7.75%

Note: Percentages may not add to 100% due to rounding.

Source: SCDOA

Title III-D Funds Not Allocated to Medically Underserved Areas

SCDOA does not allocate federal funds for preventative health services to medically underserved areas as directed by federal law. Section 362 of the OAA and 45 CFR 1321.37(b) state that funds received under Title III-D for preventative health services are to be allocated with priority given to areas that are medically underserved and areas in which there are large numbers of individuals with the greatest economic and social need for these services. However, SCDOA uses the same formula to allocate Title III-D funds as it does other Title III funds. As a result, SCDOA does not consider the extent to which areas are medically underserved in its allocation of Title III-D funds. 45 CFR 1321.37(b) requires agencies to allocate Title III-D funds separately from other Title III funds. Florida, Iowa, and Oregon utilize a separate formula for this purpose.

Intrastate Funding Formula Data Issues

SCDOA does not use current data in its intrastate funding formula. For most of the factors in its formula, SCDOA uses five-year American Community Survey special tabulations produced by the Administration for Community Living's (ACL's) Aging, Independence, and Disability program. However, for FY 19-20, SCDOA still used 2009-2013 data, instead of the most recent data available, which, at the beginning of FY 19-20, covered 2012-2016.

To calculate the disabled elderly factor of its intrastate funding formula, SCDOA uses estimates of people 60 years of age and older with two or more disabilities as defined by the U.S. Census Bureau. However, SCDOA only included men in this calculation. An agency official stated that this was not intentional and that the intrastate funding formula was being revised.

To calculate the "rural" factor in its intrastate funding formula, SCDOA does not use a data source that actually measures the senior population living in rural areas. Instead, the agency uses a composite measure of data produced by the U.S. Department of Agriculture. This measure not only considers the rurality of a county, but also the portions of its population that have low education attainment, are unemployed, or are persistently impoverished. This conflicts with the description of the intrastate funding formula in SCDOA's state plan, and it is unclear whether the ACL was informed of this change to the formula. Without current and appropriate sources of data, SCDOA cannot accurately determine the distribution of need across the state and risks misallocating funding.

We recalculated the intrastate funding formula using the most recent available data (which, as of March 2020, covered 2013–2017), as well as 2010 Census data regarding the elderly population living in rural areas. We also corrected the calculation of the numbers of seniors with two or more disabilities. The comparison between this update and the formula as utilized by SCDOA is presented in Table 2.7. Although the differences are all less than one percentage point, they may represent significant amounts of funding. For comparison, 0.5% of the total Title III grants received by SCDOA in FFY 18-19 is \$106,265.

Table 2.7: Comparison of Intrastate Funding Formula with Outdated Data Sources and with Updated and Correct Sources

REGION	OLD	NEW	PERCENTAGE POINT DIFFERENCE
Appalachia	17.12%	17.71%	+0.59%
Upper Savannah	7.39%	7.10%	-0.29%
Catawba	7.88%	8.26%	+0.38%
Central Midlands	11.69%	12.02%	+0.33%
Lower Savannah	9.79%	9.05%	-0.74%
Santee-Lynches	7.71%	7.47%	-0.24%
Pee Dee	10.09%	9.48%	-0.61%
Waccamaw	9.27%	9.40%	+0.13%
Trident	11.32%	11.99%	+0.67%
Lowcountry	7.75%	7.51%	-0.24%

Note: Percentages may not add to 100% due to rounding.

Sources: SCDOA, U.S. Census Bureau

Other States' Intrastate Funding Formulas

We reviewed the ACL-approved intrastate funding formulas from other states. Most states use many of the same factors in their formulas as SCDOA uses, but they vary widely on the weights given to those factors.

While many, but not all, states have a base factor as part of their formulas, SCDOA utilizes a larger base amount than many other states. This has the effect of skewing funding towards areas that may not require as much funding and away from regions that may have greater need. Reducing the weight of this base amount would direct a greater proportion of funding to regions with the largest groups of needy citizens. In order to ensure a minimum level of funding to individual regions, some other states utilize hold harmless provisions or base amounts that are fixed dollar amounts rather than a certain percentage of total funding.

States such as Alabama, Indiana, Tennessee, and Virginia, utilize measures of the elderly population who are both minority and low income. The OAA directs states to develop their intrastate funding formulas “with particular attention to low-income minority older individuals,” and using such a measure could help SCDOA direct funding to this segment of the elderly population.

Allocation of Non-Federal Funds

Proviso 40.5 of the FY 19-20 Appropriations Act states:

The [Intrastate] Funding Formula shall be used as a guideline for the allocation of state funds appropriated for Home and Community-Based Services. The Department on Aging shall develop and implement a structured methodology to allocate the state Home and Community-Based Services funding. The methodology shall include flexibility to reallocate funds amongst the AAAs, and be composed of, at a minimum, the following factors: a minimum base amount, the fiscal year's federally allocated funds, federal and state carry forwards funds, and an appropriate weighted proportion that will achieve the mission of the Department on Aging to provide as many services as possible to the citizens of South Carolina.

SCDOA's formula for allocating HCBS funding contains both a "base service amount" and a "carry-forward correction amount." The total carry-forward correction amount is based on the overall carry-forwards for federal Titles III-B, III-C1, and III-C2, as well as HCBS carry-forwards. These carry-forward amounts are then allocated based on each AAAs percentage of those carry-forwards.

The base service amount is then allocated with one-third being distributed based on the average HCBS funding levels each region received over the previous three years, and the other two-thirds being allocated based on the following weighted factors:

- A base amount divided equally among AAAs (weight of 25%).
- The proportion of the state's 60+ population (weight of 65%).
- The proportion of the state's 60+ minority population (weight of 10%).

An agency official stated that this formula does not provide flexibility to reallocate funding between AAAs.

According to S.C. Code §12-21-4200(1), bingo tax revenues credited to SCDOA are to be distributed to individual counties of the state in the following manner:

- 50% must be divided equally among all counties.
- 50% must be allocated based on each county's proportion of the state's 60+ population.

According to an SCDOA official, the allocation of HCBS and bingo funds uses the same data source as the intrastate funding formula, in which, as previously noted, SCDOA uses outdated data.

Recommendations

7. The S.C. Department on Aging should ensure that it utilizes the most up-to-date information available from the Administration for Community Living to allocate federal grants, state Home and Community-Based Services funds, and state bingo tax funds.
8. The S.C. Department on Aging should ensure that it accurately measures the number of citizens 60 years of age and older living in rural areas.
9. The S.C. Department on Aging should include both men and women in the calculation of the number of citizens 60 years of age and older with two or more disabilities as part of its intrastate funding formula.
10. The S.C. Department on Aging should consider reducing the weight of the base amount in its intrastate funding formula, implementing a hold harmless provision, and/or providing a fixed funding amount as a base.
11. The S.C. Department on Aging should add a factor to its intrastate funding formula that measures the presence of low-income, minority individuals 60 years of age and older in each region of the state.
12. The S.C. Department on Aging should develop a formula for allocating federal Title III-D funds that accounts for the degree to which areas of the state are medically underserved.
13. The S.C. Department on Aging should modify its methodology for allocating state Home and Community-Based Services funds to allow for reallocations between regions.
14. The General Assembly should clarify the process by which state Home and Community Based Services funds may be reallocated between area agencies on aging.

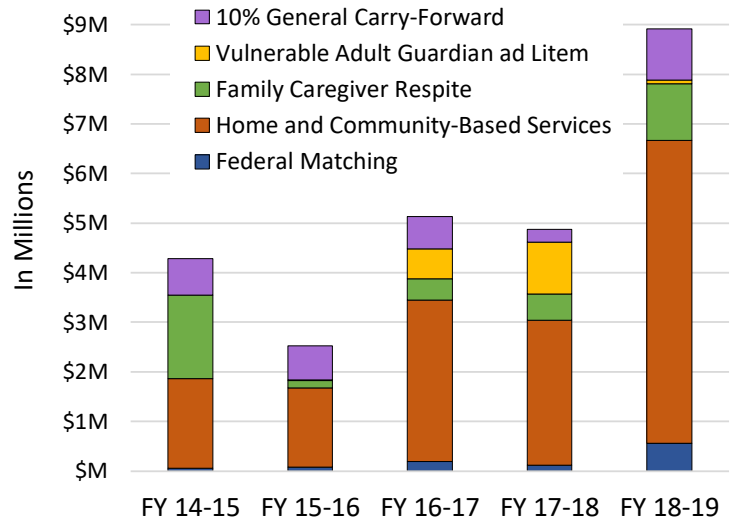
Carry-Forward of State Funds

At the end of FY 18-19, SCDOA carried forward significantly more state funding than it had in previous years. We found that this increase was the result of a change in how SCDOA allocates federal grants to the local AAAs.

State agencies may be authorized by proviso to carry forward unused state funds appropriated for specific purposes to the following fiscal year to be used for the same purpose. Agencies are also authorized by proviso 117.23 to carry forward unused general funds, up to 10% of the original amount of general fund appropriations minus the amounts carried forward by separate authority.

The funding amounts carried forward by SCDOA from FY 14-15 through FY 18-19 are shown in Chart 2.8. Although carry-forward amounts have fluctuated over the past several years, FY 18-19 marked a significant increase of more than \$4 million from the previous year. HCBS funds accounted for the majority of this increase, but state matching funds, respite, and general carry-forward increased as well.

**Chart 2.8: SCDOA State
Carry-Forward, FY 14-15–FY 18-19**



	FY 14-15	FY 15-16	FY 16-17	FY 17-18	FY 18-19
Federal Matching	\$60,145	\$79,432	\$190,098	\$112,309	\$564,902
Home and Community-Based Services	1,806,578	1,602,704	3,255,916	2,929,953	6,102,152
Respite	1,684,359	145,706	435,099	531,710	1,138,706
Vulnerable Adult Guardian Ad Litem	*	11,533	593,773	1,043,173	74,708
General Carry-Forward	729,164	687,444	655,194	256,402	1,039,932
TOTAL	\$4,280,246	\$2,526,819	\$5,130,079	\$4,873,547	\$8,920,400

Note: May not add properly to total amount due to rounding.

*Vulnerable Adult Guardian Ad Litem funds were not allowed to be carried forward by proviso in this year.

Sources: S.C. Department of Administration, SCDOA

Cause of Increased Carry-Forward

We found that the increased carry-forward at the end of FY 18-19 was largely the result of a change in how SCDOA allocates funds to AAAs, rather than a decrease in spending.

Table 2.9 shows the amounts of funding granted to, and expended by, AAAs for services, administration, and insurance costs from FY 16-17 through FY 18-19. From FY 17-18 to FY 18-19, spending by AAAs increased by approximately \$2.1 million, while the total amount of funding granted increased by nearly \$18 million. As a result, the amount of funding carried forward increased dramatically.

Table 2.9: Combined AAA Grants and Expenditures, FY 16-17–FY 18-19

FISCAL YEAR	TOTAL			
	GRANT AWARD	EXPENSES	AWARD REMAINDER	% REMAINING
16-17	\$41,970,449	\$36,344,179	\$5,626,270	13.41%
17-18	\$42,221,368	\$37,248,684	\$4,972,683	11.78%
18-19	\$60,092,891	\$39,367,806	\$20,725,085	34.49%

Source: SCDOA Payment Request Forms, FY 16-17 through FY 18-19

Prior to October 1, 2018, federal Title III and Title VII grants had a three-year lifecycle, meaning that grantees had one year to obligate (i.e. make plans to spend) funds, and another two years to actually spend them. However, starting in FFY 18-19, the ACL has issued these grants on a two-year project period. Since this change, grantees have had two years to both obligate and spend funds, as well as a 90-day liquidation period. Because of this change, and to ensure that AAAs had enough time to utilize their Title III and Title VII funds, SCDOA began allocating federal funds to AAAs earlier than it had in the past. In FY 18-19, SCDOA allocated federal funds to the AAAs in January when, in previous years, they would have been allocated in the following July.

Because of the increased amount of federal allocations made during FY 18-19, SCDOA needed to match them with state funds. This resulted in more state funding being allocated for federal matching than in previous years. However, because the AAAs did not increase spending at the same rate, the amount of general funds carried forward into the following fiscal year increased.

Service Costs

We reviewed reimbursement requests submitted by AAAs during the first six months of FY 19-20 and found that there is significant variation in the unit costs for services across the state. We also found that SCDOA lacks meaningful measures to contain costs, although the agency proposed, but did not implement, a uniform pricing schedule.

Variation in Service Unit Costs

A 2015 report prepared by the Senate Finance Oversight Subcommittee found wide variations in the reimbursement rates paid to service providers and recommended that the Lieutenant Governor's Office on Aging (LGOA), now SCDOA, implement a statewide uniform pricing schedule. As of March 2020, SCDOA had yet to implement this recommendation.

As of FY 19-20, there is still significant variation in the reimbursement rates paid to providers for aging services. Table 2.10 shows the minimum and maximum unit rates reimbursed by SCDOA for services during the first six months of FY 19-20. In some regions, there is consistency between providers for the same services. For example, in the Trident region, contractors are reimbursed at the same rates within categories of services provided, such as transportation, personal care services, home-delivered meals, and congregate meal services.

Table 2.10: Unit Costs for Services, July 2019–December 2019

TYPE OF SERVICE	UNIT COSTS	
	LOWEST	HIGHEST
Congregate Meals	\$5.78	\$11.99
Home-Delivered Meals	\$3.09	\$10.00
Group Dining Transportation	\$1.16	\$3.57
Assisted Group Dining Transport	\$2.35	\$3.85
Health Care/Medical Transportation	\$2.17	\$3.15
Assisted Health Care/Medical Transport	\$0.54	\$4.17
Essential Shopping Transportation	\$1.16	\$3.15
Assisted Essential Shopping Transport	\$0.57	\$2.35
Homemaker Services	\$12.75	\$23.74
Personal Care Services	\$16.50	\$20.25
Home Chore/Housekeeping	\$1.00	\$45.00
Minor Home Repair/Modification	\$1.00	\$11.50
Legal Assistance	\$45.00	\$60.00

Note: SCDOA's policy manual defines the "unit" for each type of service.

Source: SCDOA

Table 2.11 shows the average unit costs for each region of the state, weighted by the number of units provided at each unit cost from July 2019 through December 2019. As shown, the average unit cost for congregate meals was highest in Appalachia and lowest in Upper Savannah. Average unit costs for home-delivered meals were highest in Central Midlands and lowest in Santee-Lynches. Average unit costs for homemaker services were highest in Catawba and lowest in Santee-Lynches, with a difference of more than \$6.

Table 2.11: Unit Costs for Services, July 2019 – December 2019

TYPE OF SERVICE	APPALACHIA	UPPER SAVANNAH	CATAWBA	CENTRAL MIDLANDS	LOWER SAVANNAH	SANTEE-LYNCHES	PEE DEE	WACCAMAW	TRIDENT	LOWCOUNTRY
Congregate Meals	\$10.25	\$5.78	\$9.08	\$9.67	\$7.05	\$8.93	\$7.00	\$7.95	\$6.75	\$8.69
Home-Delivered Meals	\$7.46	\$5.34	\$8.43	\$8.48	\$5.66	\$5.32	\$7.00	\$6.70	\$5.75	\$7.86
Group Dining Transportation	\$2.32	\$2.62	\$2.82	\$2.37	\$2.10	\$1.71	\$2.35	\$2.16	\$2.20	\$2.17
Assisted Group Dining Transport	\$3.85	–	–	–	–	–	\$2.35	–	–	–
Health Care/Medical Transportation	\$2.80	\$3.15	–	–	\$2.28	\$2.35	\$2.35	–	–	–
Assisted Health Care/Medical Transport	\$2.15	–	–	–	\$1.79	–	\$2.35	\$3.63	–	–
Essential Shopping Transportation	\$2.37	\$3.15	–	\$2.32	\$2.27	\$1.38	\$2.35	–	–	\$2.17
Assisted Essential Shopping Transport	–	–	–	–	\$0.57	–	\$2.35	–	–	–
Homemaker Services	\$19.88	\$18.00	\$21.08	\$20.89	\$17.61	\$14.51	\$16.50	\$20.78	–	–
Personal Care Services	–	\$18.00	–	\$19.55	–	–	\$16.50	–	\$18.50	\$18.00
Home Chore/Housekeeping	\$36.68	\$45.00	–	–	–	–	–	–	–	\$1.00
Minor Home Repair/Modification	\$1.24	\$1.00	\$11.50	–	–	–	\$1.00	–	\$9.00	\$10.00
Legal Assistance	\$60.00	\$45.00	\$50.31	\$54.55	\$52.50	\$50.00	\$60.00	\$50.00	\$60.00	\$55.00

Note: Average unit costs were calculated by weighting the contracted unit costs by the number of units provided at those costs from July 2019 through December 2019. Not all types of services are available in every region.

Source: SCDOA

It is unclear why these variations in unit costs exist, but it is clear that SCDOA lacks adequate measures to contain costs. According to SCDOA's fiscal policy manual, when reviewing requests for reimbursement, program managers are to "make sure the unit costs and spending rate are within expected norms." However, this is not an effective cost control measure, as an SCDOA official stated that these expected rates are determined by individual program managers, and that SCDOA does not deny or reduce reimbursements if costs are outside the expected range. Additionally, SCDOA's policy manual states that the approval of an AAA's area plan constitutes an assurance that SCDOA will reimburse whatever rates are contained in the AAA's service contracts.

The cost of services directly impacts the amount of services that can be provided. Without adequate controls on these costs, SCDOA's ability to address the needs of seniors is diminished.

SCDOA Uniform Pricing Schedule

Proviso 94.9 of the FY 14-15 Appropriations Act directed the LGOA to develop a plan to implement a uniform pricing schedule for HCBS reimbursement rates and to submit it to the chairs of the House Ways and Means Committee and the Senate Finance Committee. The plan submitted as required by this proviso stated that "the wide range of unit costs" for home and community-based services "clearly demonstrate[d] the need for uniform unit rates."

The LGOA's proposed plan focused on nutrition and transportation services because they comprise the majority of funds spent on HCBS, which amounted to 82% in FY 12-13. The LGOA proposed basing rates for nutrition services on the fixed rates established for community long-term care (CLTC) services provided through the S.C. Department of Health and Human Services. Although CLTC does not provide funding for congregate meals, LGOA proposed using the CLTC method and rate schedule for home-delivered meals to set uniform rates for both congregate meals and home-delivered meals. As of January 1, 2020, the CLTC rate for home-delivered meals was \$5.23. The LGOA also proposed basing rates for transportation services on Medicaid rates for non-emergency transportation. As of February 1, 2020, the Medicaid rate for non-emergency transportation provided by an individual with a vested interest (e.g. a family member, self, or neighbor) in South Carolina was \$2.09 per mile.

The proposed plan allowed for additional charges to cover the administrative costs of data entry associated with service provision. The plan would have applied to services funded by both state and federal funds, and would be implemented over a two-year timeframe, with final adjustments being made by July 1, 2016. The proposed plan stated that:

Because many of the aging service providers already receive funds administered through CLTC for other services they provide, the LGOA's transition toward uniform rates, based on CLTC rates, should be implemented with little or no anticipated issues on the AAA and provider levels.

As demonstrated by the continuing variation in unit costs, however, this plan was never implemented. An SCDOA official stated that the OAA does not allow the state agency to implement a uniform pricing schedule because it is the responsibility of AAAs to negotiate contracts with service providers. However, according to an Administration for Community Living official, the OAA does not prevent state units on aging from implementing uniform pricing schedules. A proviso requiring SCDOA to develop a uniform pricing schedule was not included in the FY 15-16 budget due to the fulfillment of Proviso 94.9.

Recommendation

15. The S.C. Department on Aging should monitor and analyze service cost variation across regions and within categories of services and implement cost controls consistent with the goal of maximizing the number of services provided.

Services Rendered and Clients Served

South Carolina State Program Reports

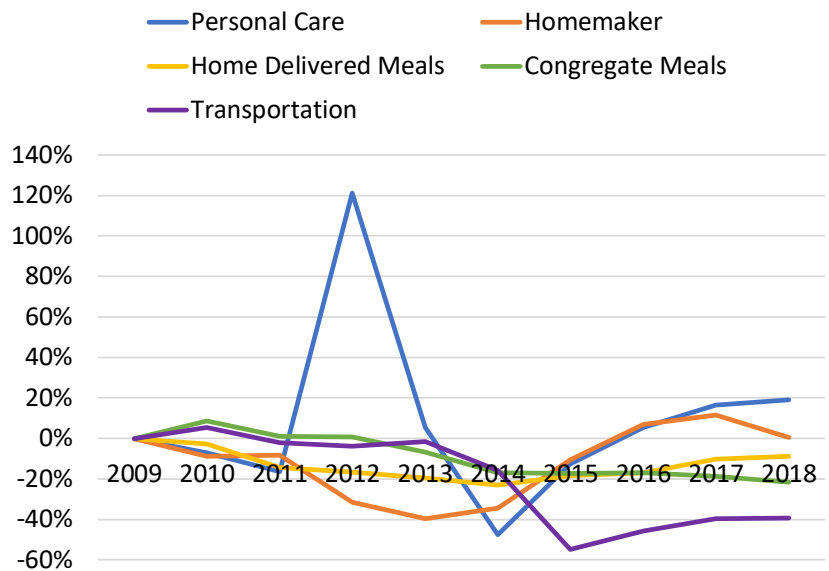
From 2010 to 2020, the population of individuals 60 years of age and older in South Carolina is projected to increase by more than 300,000, a 40% increase. However, the number of individuals who have received aging services has not increased at the same rate.

Every year, the federal Administration for Community Living collects data from all state units on aging regarding their number of units of service provided, expenditures on services, and the number of clients served per year, among other topics. We reviewed this data submitted by SCDOA to the Administration for Community Living from FFY 08-09 to FFY 17-18.

From FFY 08-09 to FFY 17-18, the annual number of individuals receiving aging services increased by only 1.3%. Fewer individuals received personal care, homemaker, and congregate meal services in FFY 17-18 than in FFY 08-09. In FFY 17-18, 5.7% more individuals received home-delivered meals than did in FFY 08-09.

Chart 2.12 shows the units of service provided for various services from FFY 08-09 through FFY 17-18, presented as a percentage of the units of service provided in FFY 08-09. Fewer units of meal services and transportation services were served in FFY 17-18 than in FFY 08-09.

Chart 2.12: Counts of Services Provided from FFY 08-09–FFY 17-18, as a Percentage of Services Provided in FFY 08-09



Source: S.C. State Progress Reports

Waiting Lists for Services

Number of Individuals on Waiting Lists for Services

SCDOA does not track the number of people on waiting lists or how long they have waited for services. A significant number of individuals are on waiting lists for aging services, but SCDOA has no viable plan for reducing the number of individuals on waiting lists.

Table 2.13 shows the number of individuals on waiting lists for services as of January 2020, as well as the number of individuals who received various services in FFY 17-18 for comparison. As shown, the Appalachia region has the greatest number of people on all waiting lists combined (1,455), with more than twice as many as the next highest regional combined total (Santee-Lynches, with 646). Statewide, the greatest number of people are on waiting lists for home delivered meals (1,817), followed closely by personal care services (1,603).

Table 2.13: Number of Individuals on Waiting Lists for Aging Services as of January 2020

REGION	HOME DELIVERED MEALS	PERSONAL CARE	HOMEMAKER	TRANSPORTATION	MINOR HOME REPAIR	YARD WORK	GROUP DINING	TOTAL **
Appalachia	138	644	–	283	163	227	–	1,455
Upper Savannah	195	223	–	8	125	–	–	551
Catawba	167	129	–	3	–	–	60	359
Central Midlands	128	57	190	–	–	–	–	375
Lower Savannah	280	–	225	–	–	–	–	505
Santee-Lynches	229	304	–	62	–	–	51	646
Pee Dee	307	–	69	8	–	–	5	389
Waccamaw	126	–	78	–	–	–	–	204
Trident	247	246	–	21	–	–	27	541
Lowcountry	–	–	–	–	–	–	–	0
TOTAL	1,817	1,603	562	385	288	227	143	5,025

Clients Served in FFY 17-18	13,091	223	2,421	*	*	*	7,919	
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* Data not available.

** Because individuals may be on waiting lists for more than one type of service at a time, totals may contain duplicate individuals.

Sources: SCDOA, Administration for Community Living

According to SCDOA and AAA officials, waiting lists are the result of inadequate funding and/or an inability of service providers to meet demand. The large disparity in the number of individuals on waiting lists between regions and between types of services suggests that funding may not be optimally allocated.

We received information that SCDOA had developed a plan to address waiting lists. However, SCDOA does not have its own plan for reducing waiting lists, but has asked the AAAs to develop their own plans. SCDOA assured the AAAs it would assist in moving individuals off of waiting lists. Waiting list data is made available to SCDOA program managers, who may suggest to AAAs ways to help reduce their waiting lists. SCDOA did not provide any evidence that the agency has goals or benchmarks with which to measure the success of efforts to reduce waiting lists.

There are multiple ways SCDOA could help to address the issue of waiting lists. For example, it could set goals and performance measures, analyze the distribution of funding to determine if reallocations could help reduce waiting lists, or even allow for the direct provision of services by AAAs or SCDOA itself. Section 307(a)(8)(A) of the OAA allows services to be directly provided by SCDOA or a AAA if it is “necessary to assure an adequate supply of such services” or if “such services can be provided more economically, and with comparable quality” by SCDOA or a AAA.

Inadequate Tracking of Waiting List Data

SCDOA does not adequately track the number of individuals on waiting lists for aging services. SCDOA policy requires AAAs to maintain up-to-date waiting lists within the agency’s Advanced Information Manager (AIM) system. However, an SCDOA official stated AIM does not contain full and accurate waiting lists and the agency instead relies on data requested from the AAAs directly. Typically, SCDOA requests waiting list data only once per year as part of each AAA’s annual area plan update, but the agency also requested this data in January 2020. However, according to an agency official, SCDOA does not verify the waiting list data provided by the AAAs. When requesting waiting list data from AAAs, SCDOA does not request any information on how long individuals have been waiting for services. An SCDOA official stated that it does not perform this kind of analysis because it is the AAAs responsibility to do so. However, the OAA requires state units on aging to:

...develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet [the need for supportive services, nutrition services, and multipurpose senior centers].

Without timely and accurate waiting list data, SCDOA cannot fully understand the extent of unmet needs throughout the state and will be unable to determine the effectiveness of its efforts to reduce waiting lists. Collecting waiting list data on a monthly basis could allow SCDOA to analyze trends, better determine the efficacy of regional efforts to reduce waiting lists, and more accurately target assistance to areas of unmet need.

Recommendations

16. The S.C. Department on Aging should develop and implement a plan for eliminating waiting lists for aging services, including benchmarks for success.
17. The S.C. Department on Aging should consider utilizing the direct provision of services by itself or the area agencies on aging in order to eliminate waiting lists.
18. The S.C. Department on Aging should ensure that area agencies on aging are maintaining up-to-date waiting list data in the Advanced Information Manager system as required by agency policy.
19. The S.C. Department on Aging should perform monthly analyses of the number of individuals on waiting lists in each region of the state, as well as how long these individuals have been placed on waiting lists.

Service Provider and AAA Reimbursement Process

SCDOA lacks adequate policies and procedures to ensure that grant awards and reimbursements are made in a timely manner. This may put financial pressure on AAAs and service providers and make them less likely to expand their client base.

Timeliness of Issuance of Notifications of Grant Awards

SCDOA issues notifications of grant awards (NGAs) at the start of every state fiscal year to inform AAAs of how much funding they will have available during that year. However, SCDOA regularly issues NGAs several weeks after July 1, the beginning of the state fiscal year, causing uncertainty that complicates budgeting and delays the execution of service contracts.

Officials from multiple AAAs reported that SCDOA frequently does not issue NGAs until mid-July or August. AAA officials stated that this delay makes it difficult for the AAAs and service providers to prepare budgets, and AAAs are reluctant to accept new clients during that time of uncertainty.

We reviewed the initial NGAs issued to AAAs since FY 16-17 and analyzed the dates they were signed by SCDOA officials. Since FY 16-17, the earliest date initial NGAs were signed was July 24 in FY 18-19. NGAs from FY 16-17, FY 17-18, and FY 19-20 were signed by SCDOA financial staff during the first two weeks of August.

An SCDOA official stated that NGAs may be delayed because the agency determines how much funding was spent in June of the previous fiscal year before preparing NGAs for the following fiscal year. However, we found that reimbursements for the final month of each fiscal year generally take place in the first two weeks of July, whereas reimbursements for other months can stretch to the end of the following month.

An SCDOA official stated that, in order to comply with the accounts payable closeout date set by the Office of the Comptroller General, the agency asks AAAs to submit their invoices a week before the deadline. For FY 18-19, the closeout date was July 12, and all reimbursements to AAAs were submitted by July 10 so it is unclear why FY 19-20 NGAs were not issued until nearly a month later. An agency official stated that, because NGAs must be reviewed by numerous staff members, they can take up to 15 business days to complete. According to the SCDOA fiscal policy manual, before NGAs can be distributed, they must be reviewed by the relevant program managers, the grants administrator, budget staff, and the IT director.

We found that many FY 19-20 contracts between AAAs and service providers were signed in August or later, despite having an effective date of July 1. Without timely NGAs and contracts, AAAs and service providers may be reluctant to take on new clients at the start of the fiscal year.

Service providers may be expected to continue providing services even in the absence of an updated contract. SCDOA's policy manual states that in order to maintain continuity of services, contracts may be extended by up to 90 days if new contracts are not in place by the start of a new fiscal year.

Overview of Reimbursement Process

SCDOA, AAAs, and service providers utilize a computer system called AIM to record data regarding clients, services provided to clients, and the costs of those services. Service providers are required to enter the details of their services into AIM. Every month, service providers submit a payment request form to the AAA to request reimbursement, and then the AAAs will submit reimbursement requests to SCDOA. AAAs also submit monthly units of service reports which state how many units of each type of service have been provided each month.

SCDOA's policy manual states that:

It is the responsibility of the AAA to pay its providers in a timely manner using a written reimbursement schedule. *The Department on Aging will reimburse the AAA following the AAA's payment to the provider for services rendered and documented according to protocol.* [Emphasis added.]

However, this is not accurate. Most AAAs do not reimburse their contractors until they have first received payment from SCDOA. According to an agency employee, SCDOA will provide cash advances to AAAs in the future instead of paying them via monthly reimbursement. However, we found that six out of ten AAAs have opted not to receive these cash advances.

Timeliness of Service Provider Reimbursement

SCDOA lacks adequate procedures to ensure timely reimbursement of service providers, which may result in financial strain on service providers and threaten their ability to provide services to elderly citizens.

When SCDOA receives a request for reimbursement, agency policy requires the request be approved by relevant staff members and processed by the finance division of SCDOA for payment within three days. However, we found that reimbursements frequently take longer than three days to be processed. Two AAA directors reported that reimbursements may not be received from SCDOA until two to three weeks after being submitted. We analyzed reimbursements made to AAAs during the first six months of FY 19-20 and found that the average difference between when a reimbursement request was dated and the date the reimbursement was posted in SCEIS was 9.53 days. Delayed reimbursements may put financial strain on AAAs and service providers.

Use of Federal Funds Before State Funds

S.C. Code §11-9-125 requires that federal and other funds be spent before state general funds are expended, whenever possible. The terms and conditions of Title III grants to AAAs states that the AAAs are to “ensure [that] federal funds (most restrictive) are spent first” and that SCDOA “will closely monitor each AAA to ensure compliance” with this requirement. SCDOA’s fiscal policies state that relevant program managers review payment request forms submitted to SCDOA by AAAs to ensure that the terms and conditions of grants are being followed. If any discrepancies are found, the AAA is notified of any changes necessary for resubmission to SCDOA. An agency official stated that there are circumstances in which federal funds cannot be used, such as if a service has been provided to an individual under the age of 60.

Recommendations

20. The S.C. Department on Aging should amend its policy manual to state the time frame in which requests for reimbursement will be reviewed and approved.
21. The S.C. Department on Aging should take steps to reduce delays in issuing notifications of grant awards to area agencies on aging.
22. The S.C. Department on Aging should establish proper procedures to ensure that service providers receive reimbursement in a timely manner.
23. The S.C. Department on Aging should develop a policy governing the time frame in which reimbursements must be made to area agencies on aging.
24. The S.C. Department on Aging should establish procedures to ensure that federal funds are exhausted prior to state funds being spent, whenever possible.

SCDOA Monitoring Practices

We reviewed SCDOA's monitoring of its aging programs and related issues and found:

- The agency's policy manual lacked specific monitoring requirements, such as the frequency with which reviews are to be conducted, the manner in which they are to be reviewed to ensure services are delivered with the intended quality, and the format in which these reviews are to be documented.
- No evidence that monitoring has occurred for a majority of the programs we reviewed.
- The relocation of the adult protective services program, currently located at S.C. Department of Social Services, to SCDOA could result in administrative inefficiencies.

Area Agency on Aging Quality Assurance Review Standards Not Established

While the SCDOA requires each area agency on aging (AAA) to conduct annual quality assurance reviews of their providers, the agency has not:

- Established quality assurance standards for the AAAs to follow when conducting their reviews, as required by policy.
- Ensured that the AAAs have established quality assurance procedures that align with the agency's minimum requirements, as required by policy.
- Developed a template for the AAAs to report their findings.
- Required the AAAs to adhere to a specific review approach—on-site versus off-site reviews and announced versus unannounced visits.
- Required the AAAs to test service providers' source data against data submitted for reimbursement.
- Ensured that the AAAs conduct quality assurance reviews on each of their service providers on an annual basis.

By not establishing quality assurance standards and not implementing measures that would improve reporting consistencies between the AAAs, the data SCDOA obtains from the AAAs' quality assurance reports may not be indicative of whether aging services were actually delivered or of the quality of services that were delivered.

Quality Assurance Review Standards

SCDOA's policy manual states that the agency, in collaboration with the AAAs, will create service standards as well as a process for amending existing standards. According to an agency official, these standards did not exist prior to our audit but are being developed and are expected to be completed by June 2020. Without service standards, there is no consistency in the quality assurance reviews from AAA to AAA, and the information from these reports may be of little use to SCDOA in assessing the quality of aging services that are provided statewide.

Quality Assurance Review Procedures

SCDOA's policy manual requires each AAA to establish quality assurance procedures that specify the following:

- Staff position(s) with any responsibility for the quality assurance process and the specific tasks assigned to each position.
- Staff preparation undertaken for the quality assurance review.
- Involvement of other individuals in the quality assurance process, including program participants.
- The orientation process for all those who will be involved in conducting the quality assurance review.
- Notification to service delivery providers of any preparation required prior to the review visit.
- Copies of the instruments used by the AAA for the quality assurance review.
- Details of the reporting process/schedule.
- Follow-up activities by the AAA.
- Identification of all parties who will receive communications of findings.

We requested these procedures for each of the AAAs from SCDOA. SCDOA did not have this information, so the agency requested these procedures from each of the AAAs. Of the ten AAAs, six provided documentation of their procedures. Of those six, none addressed all the elements required by SCDOA.

Specifically, of the nine required elements:

- Two addressed none.
- Two addressed one.
- One addressed three.
- One addressed four.

Without standards that address all of the elements required by SCDOA, there is little assurance that the AAAs will conduct quality assurance reviews that address all the elements required by the agency.

Format and Approach of Annual Quality Assurance Reviews

While SCDOA’s policy manual requires the AAAs to conduct annual quality assurance reviews, it does not provide guidance to the AAAs regarding the report format and the review approach—off-site versus on-site reviews and announced versus unannounced visits. We reviewed each of the 2019 AAA quality assurance reviews and found inconsistencies in each of these areas from one AAA to another. The following sections provide a discussion of what we found.

Format

SCDOA does not provide a standard report template to AAAs for reporting their quality assurance findings. We found that several contained only one- or two-page summaries of findings while others included similar summaries but appended their methodologies and results for each provider reviewed. Two AAAs submitted a compilation of letters that were sent to their service providers regarding their quality assurance findings rather than providing a summary.

For consistency purposes, we asked SCDOA if they had considered developing a template for the AAAs’ quality assurance reviews. An agency official stated the agency was developing one based on our inquiries, which includes a review of other states, and expected the template to be complete by June 2020. A quality assurance template will likely improve consistency in the reporting format across the AAAs.

Approach

While SCDOA's policy manual does not explicitly state whether the AAAs are to conduct quality assurance reviews as either on- or off-site reviews and, if on-site, as announced or unannounced visits, it suggests that these reviews should be conducted as announced, on-site visits. Most of the AAAs conduct a mix of on-site and off-site, announced and unannounced reviews. By explicitly stating the review approach, SCDOA will improve consistency in the information reviewed across all AAAs.

SCDOA's policy manual also does not require the AAAs to conduct their quality assurance reviews by testing their providers' source data against that which they report to the AAAs for service reimbursement. Based on our review of AAA quality assurance reviews, two AAAs limited their reports to program outputs; there was no indication that these AAAs tested whether their providers actually delivered services. Other AAAs reported a methodology that included source data testing for some services but not for others. Requiring AAAs to test service providers' source data will provide better assurance that services for which providers were reimbursed were, indeed, provided.

Quality Assurance Reviews of Each Provider

SCDOA's policy manual requires the AAAs to conduct a quality assurance review of each individual provider. In 2019, however, none of AAAs completed quality assurance reviews of each of their service providers.

While all of the AAAs reported on their nutrition programs, two reported exclusively on their nutrition programs. Several AAAs primarily reported on programs that were delivered through their senior centers: nutrition programs, evidence-based programs, and transportation. None of the AAAs reported on respite services provided through the family caregiver program. By not reviewing each of the AAA-contracted service providers, as required by SCDOA's policy manual, there is little certainty that these services are being delivered with the intended quality.

Recommendations

25. The S.C. Department on Aging should establish quality assurance standards in order for the area agencies on aging to consistently evaluate the aging services delivered by their providers.
26. The S.C. Department on Aging should enforce its policy requirement that the area agencies on aging develop quality assurance procedures that include the minimum elements outlined in agency policy.
27. The S.C. Department on Aging should develop a quality assurance template and require the area agencies on aging to submit their review findings in this format to ensure all required elements are included.
28. The S.C. Department on Aging should explicitly state, for each type of service provider, whether the area agencies on aging are to conduct quality assurance reviews on-site or off-site.
29. If the S.C. Department on Aging determines quality assurance reviews are to be conducted as on-site visits, the agency should explicitly state whether visits for these reviews should be announced or unannounced.
30. The S.C. Department on Aging should require that the area agencies on aging conduct quality assurance reviews by testing providers' source data against data they submitted for reimbursement.
31. The S.C. Department on Aging should ensure that the area agencies on aging conduct individual quality assurance reviews of each of their providers annually, as required by policy.

Oversight Improvements Needed for Assessment Services

SCDOA does not have formal monitoring requirements to ensure that assessment services were provided or provided with the quality intended. Additionally, SCDOA was not able to demonstrate that monitoring for this program has occurred. Failing to monitor this program leaves little assurance that the program's services were either delivered or delivered with programmatic integrity.

Program Overview

An assessment is the process of determining a potential client's level of need to provide services under Title III-B of the Older Americans Act (OAA). Assessments are conducted by assessors, who are employed by the AAAs, using an assessment form to determine an individual's eligibility. The assessment form includes various questions, including those concerning an individual's nutrition, health, and housing.

Assessments may occur face-to-face in a potential client's home or at a communal site, such as a group dining facility. A client may also be assessed over the telephone but only if the client has previously received a face-to-face assessment. After a client's initial assessment, subsequent assessments are conducted annually, thereafter.

Monitoring Requirements

Section 307(a)(4) of the OAA requires SCDOA to periodically evaluate programs funded under the OAA, which includes assessments. Furthermore, OAA regulation 45 CFR 1321.11 requires SCDOA to develop and enforce policies governing all aspects of programs, including how the agency will monitor the performance of all programs operated under the OAA.

In addition to federal funding, assessments receive funding from the General Assembly through Proviso 40.5 of the FY 19-20 Appropriations Act. This proviso states that, for services funded with these appropriations, one-quarter of 1% shall be retained by the agency to provide monitoring and oversight.

SCDOA's policy contains only one monitoring requirement for assessments: assessment counts. This measure, however, does not address whether assessments were, indeed, provided or provided adequately. Implementing monitoring requirements that test the provision and quality of services delivered will provide greater assurance that these services are delivered as intended.

In 2019, agency leadership issued a verbal instruction stating all agency program managers are to conduct site visits, at least annually, to each AAA to monitor the performance of their programs.

Program Oversight

According to agency staff, SCDOA accompanied assessors on visits as a means of monitoring their performance. However, agency staff could not provide documentation of these monitoring efforts. We, therefore, could not evaluate whether this approach adequately monitored the assessment program.

Based on our inquiries, agency staff developed a draft monitoring tool that the agency intends to implement in April 2020 to monitor the assessment program. According to agency staff, the tool is to be completed based on information from AAA assessment coordinators, who oversee the assessors, rather than from observations of the assessors themselves. Without direct observation of the assessors during service delivery, the quality of the assessments will likely remain unclear.

Furthermore, the draft tool is designed to record output measures, such as the number of assessments completed and assessors employed. These measures, however, do not ensure that assessment services were actually provided or were provided with program integrity. The draft tool also does not indicate that documentation will be required to validate the accuracy of the AAA's responses. The agency did not respond to questions about whether it would require this documentation from the AAAs. By not using source documentation to verify the delivery of these services, there is little assurance that the services were delivered as intended.

Recommendations

32. The S.C. Department on Aging should establish, in its policy manual, agency-specific monitoring requirements for the assessment program to ensure that these services are provided and that service provision aligns with program integrity.
33. The S.C. Department on Aging should formalize, in its policy manual, the requirement that each of the agency's program managers are required to conduct and document on-site monitoring visits to the AAAs, at least once annually, to evaluate the performance of their respective programs.
34. The S.C. Department on Aging should develop an assessment monitoring tool that includes observation and evaluation of the staff who is directly responsible for providing the service.
35. The S.C. Department on Aging should require supporting documentation to verify the accuracy of information collected during on-site assessment reviews.

Limited Oversight of the Information, Referral, and Assistance Program

We reviewed SCDOA's oversight of the information, referral, and assistance (IR&A) program and found that while the agency's policy manual contained monitoring requirements for the provider, the AAAs, it did not contain such requirements for itself, the direct oversight entity for the program. We also found that the agency had conducted monitoring visits for this program, but these visits were announced, reviewed different areas across providers, and lacked a formal template for documenting the review.

Program Overview

IR&A is one of several supportive services provided by SCDOA under Title III-B of the OAA. The program provides aging and disability resource information for services available from SCDOA and other entities. For example, program specialists may provide information to individuals regarding elderly transportation resources in their area.

The IR&A program is overseen by SCDOA, but services are directly provided by the AAAs. SCDOA requires the AAAs to employ at least one full-time IR&A specialist and trained backup staff for use when needed.

Specialists develop knowledge of and partnerships with a wide variety of local community, social, health, and government services to provide one-on-one information to individuals via telephone and in-person. IR&A specialists also conduct outreach events to provide general information on aging and disability resources. Table 3.1 provides a breakdown of the information, referral, and assistance program expenditures and service units—number of calls or contacts made—for FFY 16-17 through FFY 18-19.

Table 3.1: Information, Referral, and Assistance Expenditures and Service Units, FFY 16-17–FFY 18-19

FEDERAL FISCAL YEARS	EXPENDITURES	SERVICE UNITS
16-17	\$738,448	75,489
17-18	\$862,536	47,338
18-19	\$1,041,461	32,399

Note: One service unit is equal to one call or contact made by program staff.

Sources: SCDOA's National Aging Program Information System Reports, FFY 16-17–FFY 18-19

From FFY 16-17 through FFY 18-19, the IR&A service units decreased while expenditures increased. According to an agency official, these changes were due to a system upgrade that allowed differentiation between call types, resulting in lower reported service units. At the same time, IR&A staff salaries increased.

Monitoring Requirements

Section 307(a)(4) of the OAA requires SCDOA to periodically evaluate programs funded under the Act, which includes the IR&A program. Furthermore, OAA regulation 45 CFR 1321.11 requires SCDOA to develop and enforce policies governing all aspects of programs, including how the agency will monitor the performance of all programs operated under the OAA.

SCDOA's policy manual does not contain monitoring requirements for the agency, which directly oversees the IR&A services provided by the AAAs. A lack of program-specific monitoring requirements, outlined in the agency's policy, may result in uncertainty about the frequency and manner in which the agency intends the IR&A program manager to monitor this program. In 2019, however, agency leadership issued a verbal instruction that all program managers are to conduct site visits, at least annually, to each AAA to monitor the performance of their programs.

SCDOA's policy manual requires the AAAs to monitor the IR&A program through call volume and outreach efforts. These measures, however, do not address whether services were adequately delivered. The agency's policy manual also requires the AAAs to conduct quality assurance surveys of participants to assess overall service performance.

Program Monitoring

In 2019, SCDOA conducted on-site monitoring visits to IR&A specialists in each of the AAAs. While the agency demonstrated monitoring of this program, the documentation of these efforts lacked consistency. Monitoring ranged from a discussion with specialists regarding resources available to observations of specialists at outreach events and interviews with clients over the telephone. Since specialists are required to interact knowledgeably and professionally with clients at outreach events, over the telephone, and in-person, evaluating them in each of these contexts may better ensure that services are delivered adequately.

Agency staff indicated that monitoring visits of outreach events were not completely unannounced. IR&A specialists in the AAAs were informed, in advance, that visits would occur within a range of dates coincident with the schedule of their outreach events. SCDOA staff also stated that the agency does not require the AAAs to provide their outreach event schedules, which is why monitoring of these events was not completely unannounced. Conducting completely unannounced visits would likely provide a better representation of the services provided on a regular basis.

The monitoring document SCDOA provided lacked a formal structure. The document contained a series of notes from each of the AAA visits based on what was discussed or observed. For example, notes from one AAA referenced the potential duplication of SCDOA's services with those offered by the S.C. Department of Health and Human Services' community long-term care program. This could be an issue with each of the AAAs but was only noted for one of them. Without a formal monitoring template, monitoring is less likely to be consistent for all AAAs.

In May 2020, the agency provided a newly developed monitoring template for the IR&A program. The template included columns for the evaluation date, location, and next follow-up visit as well as a blank column that appeared to be for the evaluator's notes. This template does not prompt the evaluator to review relevant program areas, such as the different types of interactions program specialists have with clients. By not including in the monitoring template the specific areas the evaluator will review, there will be little assurance that each AAA is evaluated consistently.

Quality Assurance Surveys

SCDOA was unaware of the policy requirement that the AAAs conduct quality assurance surveys of participants. The intent of this requirement, as stated in SCDOA's policy, is to assess the overall service performance for the IR&A program. Surveying participants regarding the quality of service would, along with other efforts previously described, provide a reasonable degree of enhanced programmatic monitoring.

Recommendations

36. The S.C. Department on Aging should establish, in policy, program-specific monitoring requirements for the agency to ensure that information, referral, and assistance services are adequately monitored for program integrity.
37. The S.C. Department on Aging's monitoring requirements for the information, referral, and assistance program should include an assessment of the program's specialists' interactions with clients that occur in-person, over the telephone, and during outreach events to ensure service delivery is adequate in all contexts.
38. The S.C. Department on Aging should monitor information, referral, and assistance specialists' outreach events through unannounced visits to ensure that events observed are representative of those regularly held.
39. The S.C. Department on Aging should develop and implement a monitoring template for the information, referral, and assistance program to ensure that monitoring is approached consistently across all area agencies on aging.
40. The S.C. Department on Aging should collect, from each area agency on aging, annual participant/quality assurance surveys for the information, referral, and assistance program and use those survey results, in part, to evaluate the quality of these services.

Inadequate Oversight of Transportation Services

SCDOA has not adequately monitored transportation services, which are delivered by service providers contracted by the AAAs, to ensure that they were provided and provided with program integrity. Specifically, the agency has not ensured that AAA monitoring included a review that covers all of the transportation criteria outlined in agency policy. The agency, itself, has only monitored the program in the event of a complaint.

Program Overview

Transportation services are regarded as a supportive service under Title III-B of the OAA. These services are intended to facilitate the access of older individuals—individuals who are 60 or older—to supportive or nutrition services through local transportation service providers, public transportation agencies, and other local government agencies. SCDOA restricts transportation services to older individuals who are unable to drive, do not have access to a vehicle, or have no access to affordable public transportation. Transportation services are provided by service providers contracted by the AAAs and overseen by the AAAs and SCDOA. Table 3.2 provides a breakdown of the transportation units—miles per individual served—and expenditures for FFY 16-17 through FFY 18-19.

Table 3.2: Transportation Services Expenditures and Service Units, FFY 16-17–FFY 18-19

FEDERAL FISCAL YEARS	EXPENDITURES	SERVICE UNITS*
16-17	\$5,443,026	619,666
17-18	\$5,327,440	620,987
18-19	\$5,030,101	584,332

*A unit is equal to one mile per individual served.

Sources: SCDOA State Reports to U.S. Dept. of Health and Human Services, FFY 16-17–FFY 18-19

Programmatic Monitoring Requirements

The following describe the federal, state, and agency requirements for transportation services.

Federal Requirements

Section 307(a)(4) of the OAA requires SCDOA to periodically evaluate programs funded under the act, which includes transportation services. Furthermore, OAA regulation 45 CFR 1321.11 requires SCDOA to develop and enforce policies governing all aspects of programs, including how the agency will monitor the performance of all programs operated under the OAA.

State Funding Requirements

In addition to federal funding, transportation services receive funding from the General Assembly through Proviso 40.5 of the FY 19-20 Appropriations Act. This proviso states that for services funded with these appropriations, one-quarter of 1% shall be retained by the agency to provide monitoring and oversight.

SCDOA's Requirements for Providers and AAAs

SCDOA's policy manual states that, for the purpose of monitoring, providers are required to maintain records of:

- Daily rider logs by vehicle.
- Incident reports.
- Contributions from riders.
- Vehicle insurance and safety.
- Staff trained to handle special needs passengers with mobility impairments.
- Annual customer satisfaction evaluations.

The AAAs are required to ensure that providers maintain an appropriate number of vehicles for individuals with disabilities and have policies to handle complaints regarding the service, vehicle, driver, or other passengers. The AAAs are also required to verify the number of miles per client using a mapping service and transportation sign-in sheets. In general, SCDOA's policy manual requires the AAAs to conduct annual quality assurance reviews of each of their providers.

Requirements for SCDOA

SCDOA's policy manual states that the agency will evaluate the AAAs through on-going, monthly, and annual reviews of the AAAs' reimbursement forms, area plans, and grant awards. Also, for monitoring purposes, SCDOA reserves the right to request any documentation collected by the providers and AAAs for transportation services.

Additionally, the agency's policy manual states that it will conduct programmatic evaluations annually or as needed. In 2019, SCDOA issued a verbal instruction stating all agency program managers are to conduct site visits, at least annually, to each AAA to monitor the performance of their programs. The policy manual, however, contains no specific transportation monitoring requirements for SCDOA. A lack of program-specific monitoring requirements, outlined in the agency's policy manual, may result in uncertainty about the frequency and manner in which the agency intends the transportation manager to monitor this program.

Program Oversight

Oversight efforts of the AAAs and SCDOA for transportation services include the following sections.

AAA Oversight

As of January 2020, all ten AAAs offered transportation services through contracted service providers. In the 2019 AAA quality assurance reviews, only six of the ten included a review of their transportation services. None of these, however, evaluated their providers using all of the criteria listed in the agency's policy manual. By not reviewing all the areas required by SCDOA's policy manual for the program, there is little certainty that these services are being delivered with the intended quality.

SCDOA Oversight

SCDOA's monitoring of this program is limited to reviews when individuals file complaints with SCDOA regarding the services provided by AAA providers. Using this method to monitor a program is not an adequate measure of whether services were provided or provided with the intended quality, as only some individuals are inclined to complain. Also, this approach is unlikely to be representative of all individuals who received transportation services and, therefore, not indicative of the service quality as a whole.

Based on our inquiries, agency staff developed a draft monitoring tool that the agency intends to implement in April 2020 for transportation services. According to agency staff, the tool is to be completed based on information obtained from AAA directors. The draft tool does not indicate that documentation will be required to validate the accuracy of the AAAs' responses, and the agency did not respond to questions about whether it would require this documentation from the AAAs. By not using source documentation to verify the delivery of these services, there is little assurance that the services were delivered as intended.

A monitoring tool will be a useful method of documenting these visits, ensuring a comprehensive review is undertaken, and comparing the program's performance in each of the AAAs.

Recommendations

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41. The S.C. Department on Aging should establish specific transportation services monitoring requirements for the agency and include these in its policy manual.
 42. The S.C. Department on Aging should ensure that the area agencies on aging conduct an annual quality assurance review of their transportation providers and that these reviews evaluate this service using all of the criteria listed in the agency's policy manual.
 43. The S.C. Department on Aging should ensure that its transportation program manager conducts and documents annual visits to the area agencies on aging to review the transportation services offered.
 44. The S.C. Department on Aging should require supporting documentation to verify the accuracy of information collected during on-site transportation reviews.

Monitoring Not Conducted for Home-Care Services

SCDOA has not adequately overseen the delivery of the various home-care services programs. Specifically, the agency has not:

- Developed program-specific monitoring requirements for the agency to monitor the quality of these services.
- Ensured that the ten AAAs include in their annual quality assurance reviews an evaluation of all home-care service providers.
- Conducted on-site visits to the AAAs to ensure service delivery for these programs.
- Used a monitoring evaluation method that applied a random sample, an approach that means the results can be generalized to the full population.
- Defined the term “minor home modification” in its policy manual, including a dollar limit. Agency staff limit these modifications to those less than \$2,000 whereas federal regulation limits them to \$150 per client.

Without proper oversight of this program, there is little assurance that home-care service providers actually provided a service or provided a quality service.

Program Overview

Home-care services, or in-home services, are one of several types of supportive services authorized by Title III-B of the OAA. These are services that assist older individuals—60 or older—and their families and caregivers to overcome barriers and maintain, strengthen, and safeguard independent functioning in the home. Home-care services include personal care, homemaker, chore assistance, and minor home modification, which are defined as follows:

PERSONAL CARE

Personal assistance, stand-by assistance, and supervision or cues, such as with eating, bathing, toileting, transferring in/out of bed or chair, walking, dressing, grooming, and assistance with medicine.

HOMEMAKER

Assistance such as preparing meals, shopping for personal and household items, using the telephone, and performing light housework.

CHORE ASSISTANCE

Assistance with heavy housework, yardwork, or sidewalk maintenance.

MINOR HOME MODIFICATION

Services necessary to facilitate the ability of an older individual to remain at home and are not available under another program. OAA regulation 45 CFR 1321.3 limits this service to \$150 per client.

These services are delivered by AAA providers and overseen by the AAAs. Table 3.3 provides a breakdown of the personal care, homemaker, and chore assistance expenditures and an unduplicated count of individuals served in FFY 16-17 through FFY 18-19.

Table 3.3: Personal Care, Homemaker, and Chore Assistance Expenditures and Individuals Served, FFY 16-17–FFY 18-19

FEDERAL FISCAL YEAR	PERSONAL CARE			HOMEMAKER			CHORE ASSISTANCE		
	EXPENDITURES	INDIVIDUALS SERVED	SERVICE UNITS	EXPENDITURES	INDIVIDUALS SERVED	SERVICE UNITS	EXPENDITURES	INDIVIDUALS SERVED	SERVICE UNITS
16-17	\$611,733	274	33,062	\$3,431,192	2,702	200,277	-	-	-
17-18	\$601,126	223	33,779	\$3,099,877	2,421	180,201	\$253,791	320	13,001
18-19	\$510,561	227	28,493	\$2,904,821	2,418	174,778	\$212,284	228	10,671

Notes: Counts are unduplicated. Chore assistance was provided in FFY16-17, but the information was captured under homemaker services.

Sources: SCDOA's National Aging Program Information System Reports, FFY 16-17–FFY 18-19

Program Requirements

The following describe the federal, state, and agency requirements for home-care services.

Federal Requirements

Section 307(a)(4) of the OAA requires SCDOA to periodically evaluate programs funded under the OAA, which includes home-care services. Furthermore, OAA regulation 45 CFR 1321.11 requires SCDOA to develop and enforce policies governing all aspects of programs, including how the agency will monitor the performance of all programs operated under the OAA.

State Funding Requirements

In addition to federal funding, home-care services receive funding from the General Assembly through Proviso 40.5 of the FY 19-20 Appropriations Act. This proviso states, for services funded with these appropriations, one-quarter of 1% shall be retained by the agency to provide monitoring and oversight. Bingo revenue also funds these services, but there are no monitoring requirements in state law attached to these funds.

SCDOA's Requirements

SCDOA's policy manual states that the AAAs must require providers to maintain documentation of a client's eligibility, plan of care, and progress and supervisors' notes from visits. Additionally, providers must keep documentation of signed in-home visit forms that include the activity performed, time spent, and notes on the client's condition. SCDOA's policy manual also requires each AAA to conduct an annual quality assurance review of each of its providers.

In regard to SCDOA's oversight of the AAAs, SCDOA's policy manual states that the agency will evaluate the AAAs through on-going, monthly, and annual reviews of the AAAs' reimbursement forms, area plans, and grant awards. SCDOA may also request any documentation collected by the AAAs for these services. The agency's policy manual, however, contains no program-specific monitoring requirements for SCDOA. A lack of program-specific monitoring requirements, outlined in the agency's policy, may result in uncertainty about the frequency and manner in which the agency intends the home-care services program manager to monitor these services.

In 2019, SCDOA issued a verbal instruction stating all agency program managers are to conduct site visits, at least annually, to each AAA to evaluate the performance of their programs.

Program Oversight

The following describe the oversight efforts of the AAAs and SCDOA for home-care services.

AAA Oversight

As of January 2020, eight AAAs had contracted with providers for homemaker services, two had contracted with providers for chore assistance services, five had contracted with providers for personal care services, and five had contracted with providers for home modifications. In the 2019 AAA quality assurance reviews, only one AAA included a review of one home-care service. By not reviewing the home-care service providers in the manner required by SCDOA's policy manual, there is little certainty that these services are being delivered with the intended quality.

SCDOA Oversight

SCDOA has not conducted on-site AAA visits to monitor or evaluate home-care services. According to agency staff, monitoring is conducted when individuals complain to SCDOA about the services provided by AAA providers. Using this method to monitor a program is not an adequate measure of whether services were provided or provided with the intended quality, as only some individuals are inclined to complain. This approach also is unlikely to be representative of all individuals who received home-care services and, therefore, not indicative of the service quality as a whole.

Based on our inquiries, agency staff developed a draft monitoring tool that the agency intends to implement in April 2020 to monitor home-care services. According to agency staff, the tool is to be completed based on information obtained from AAA directors rather than through direct observation, which is a better indication of the service quality provided. The draft tool does not indicate that documentation will be required to validate the accuracy of the directors' responses, and the agency did not respond to questions about whether it would require this documentation from the AAAs. By not using source documentation to verify the delivery of these services, there is little assurance that the services were delivered as intended.

A monitoring tool will be a useful method of documenting these visits, ensuring a comprehensive review is undertaken, and comparing the program's performance in each of the AAAs.

Minor Home Modification Funding Limits

While not specified in SCDOA’s policy, an agency official defined minor home modification as installs of mobility aids, such as ramps and grab bars, costing less than \$2,000. However, OAA regulation 45 CFR 1321.3 limits these modifications to \$150 per client. Noting the dollar limit for minor home modifications in the agency’s policy may increase staff awareness and ensure these types of purchases are within the limit prescribed in federal regulation.

Recommendations

45. The S.C. Department on Aging should establish, in its policy manual, program-specific monitoring requirements for the agency in order to monitor the delivery of home-care services.
46. The S.C. Department on Aging should ensure that the area agencies on aging quality assurance reviews include a review of each service provider of home-care services to ensure that services are being provided and provided with quality.
47. The S.C. Department on Aging should ensure that the home-care services program manager conducts and documents on-site monitoring visits to the area agencies on aging, at least once, annually, to evaluate the performance of this program.
48. The S.C. Department on Aging should formally define the meaning of “minor home modification” in its policy manual and include a dollar limit for these types of services.

Improvements Needed to Adequately Monitor Respite Services

SCDOA does not monitor whether the respite services—temporary supports for care recipients in order to provide a brief period of relief or rest for caregivers—that it oversees are actually provided. For three of its four respite programs, it also does not have policies to ensure that these services are adequately delivered. A lack of monitoring policies and monitoring efforts leaves little assurance that respite services are either delivered or delivered with programmatic integrity.

SCDOA oversees four programs that provide funding for respite services:

FAMILY CAREGIVER SUPPORT PROGRAM
LIFESPAN RESPITE PROGRAM
ALZHEIMER’S DISEASE PROGRAM INITIATIVE
RESPITE ASSISTANCE PROGRAM

Family Caregiver Support Program

The family caregiver support program is authorized by Title III-E of the OAA to provide respite care vouchers; information about available respite services; assistance in gaining access to respite services; individual counseling, organization of support groups, and caregiver training; and supplemental respite services to:

- Family caregivers of individuals of any age with Alzheimer’s disease, although caregivers of individuals with Alzheimer’s who are 60 or older are prioritized.
- Family caregivers of individuals who are 60 or older and unable to perform at least two activities of daily living or have a severe cognitive/mental impairment.
- Older relative caregivers who are 55 and older providing primary care to a child (≤ 18 years of age) or an individual with a disability (>18 and ≤ 59 years of age).

This program is overseen by SCDOA, but funding is passed through to the AAAs. The AAAs provide respite care vouchers to qualifying caregivers, who, in turn, use these vouchers to purchase respite services from providers. For respite caregivers serving the elderly and caregivers serving children, Table 3.4 provides a breakdown of the expenditures, number of caregivers served, and units served—one hour of respite care—for FFY 16-17 through FFY 18-19.

Table 3.4: Respite Care Expenditures, Caregivers Served, and Service Units for Caregivers of the Elderly and Children, FFY 16-17–FFY 18-19

FEDERAL FISCAL YEAR	CAREGIVERS SERVING ELDERLY			CAREGIVERS SERVING CHILDREN		
	EXPENDITURES	CAREGIVERS SERVED	SERVICE UNITS	EXPENDITURES	CAREGIVERS SERVED	SERVICE UNITS
16-17	\$3,415,170	2,937	246,429	\$110,029	88	17,441
17-18	\$4,286,165	3,626	292,094	\$33,061	51	3,001
18-19	\$4,559,755	4,032	308,623	\$49,592	112	4,627

Note: Counts are unduplicated.

Sources: SCDOA’s National Aging Program Information System Reports,
FFY 16-17–FFY 18-19

According to an agency official, the decrease in the number of caregivers served for caregivers serving children from FFY 16-17 to FFY 17-18 was a result of two of the largest AAAs' opting not to offer an after-school and summer program due to high costs. In FFY18-19, one of those regions reimplemented the program. That decision likely explains the large increase from FFY17-18 to FFY 18-19.

Federal Monitoring Requirements

Section 307(a)(4) of the OAA requires SCDOA to periodically evaluate programs funded under the OAA, which includes the family caregiver support program. Furthermore, OAA regulation 45 CFR 1321.11 requires SCDOA to develop and enforce policies governing all aspects of programs, including how the agency will monitor the performance of all programs operated under the OAA.

SCDOA's Monitoring Requirements and Efforts

SCDOA's policy manual states the agency will evaluate the AAAs through on-going, monthly, and annual reviews of the AAAs' reimbursement forms, area plans, and grant awards as well as programmatic evaluations annually or as needed. The manual also requires the family caregiver support program manager to monitor the program through AAA site visits, trainings, update reports, and other necessary actions to ensure caregiving services are being provided. In 2019, SCDOA issued a verbal instruction stating all agency program managers are to conduct site visits, at least annually, to each AAA to monitor the performance of their programs.

From December 2019 to April 2020, SCDOA did not employ a family caregiver support program manager. According to agency officials, there is no documentation that the previous program manager monitored the AAAs through site visits, trainings, update reports, or other actions to verify that respite services were actually provided to qualifying caregivers. As such, there is little assurance that service provision for this program has been done adequately.

Lifespan Respite Program

The lifespan respite program is a grant program that SCDOA oversees to provide respite care vouchers and information through outreach and training in order to improve access to respite care services to individuals of any age with any disability. The South Carolina Respite Coalition is the subgrantee that provides respite vouchers for this program.

As documentation of its monitoring efforts, SCDOA provided three years of semi-annual summary reports for the lifespan respite program; these reports summarized the accomplishments of the program for the period. The agency also provided additional data on the number of vouchers distributed and the program's expenditures for the same periods. This information, however, conflicted with the information provided in the summary reports.

We requested but did not receive clarification as to why the information was inconsistent. Furthermore, the agency did not provide documentation showing it was actively engaged in monitoring this program independent of these reports.

SCDOA's policy manual contains no monitoring requirements for this program. A lack of program-specific monitoring requirements, outlined in the agency's policy, may result in uncertainty about the frequency and manner in which the agency intends the lifespan respite manager to monitor this program and document his/her efforts.

Alzheimer's Disease Program Initiative

The Alzheimer's disease program initiative is a grant authorized under Title IV of the OAA. Currently, this program is in the planning stage and has yet to be implemented. When implemented, SCDOA will oversee the provision of respite care vouchers as well as respite care education and training to caregivers of underserved African Americans with Alzheimer's disease in 16 rural counties, as noted in Map 3.5. As previously mentioned, OAA regulations require SCDOA to develop monitoring requirements for this program.

Map 3.5: Rural Counties Served by the Alzheimer's Disease Program Initiative



Source: SCDOA's Alzheimer's Disease Program Initiative Project Proposal to Administration on Community Living

Funding for this initiative was first awarded to SCDOA in September 2019 at \$820,554, of which \$600,000 is the federal share and the remaining balance is the non-federal share. This represents the total for the three-year grant. According to agency staff, the work plan for the program has yet to be approved by the Administration on Community Living, and, as such, funds have not been received.

Currently, there is no reference to this program in the agency's policy manual. Specifying the monitoring requirements for this program in the agency's policy manual will provide clear instruction to the program's manager about the frequency and manner in which monitoring is expected as well as how such monitoring is to be documented.

Respite Assistance Program

Funding for the respite assistance program is appropriated by the General Assembly to the S.C. Department of Mental Health, which, by proviso, then transfers the funds to the Alzheimer's Disease and Related Disorders Association. Per an agreement, the Association redirects these funds to SCDOA to provide and monitor respite assistance, in part, in the form of vouchers to caregivers of individuals with Alzheimer's disease residing in South Carolina.

While the agreement requires SCDOA to provide quarterly reports of the vouchers provided, it does not require the agency to test whether the respite services were actually provided. Additionally, there is no reference to this program in the agency's policy manual. As stated previously, monitoring requirements outlined in the agency's policy manual will provide clear instruction regarding the frequency and manner of monitoring the agency intends for this program as well as how such monitoring is to be documented.

Table 3.6 provides a breakdown of the respite assistance program expenditures, individuals served, and units of service—one unit is equal to one hour of respite care—for FFY 16-17 through FFY 18-19.

Table 3.6: Respite Assistance Program Expenditures and Individuals and Units Served, FFY 16–17–FFY 18–19

FEDERAL FISCAL YEARS	EXPENDITURES	INDIVIDUALS SERVED	UNITS SERVED
16-17	\$696,642	1,002	57,447
17-18	\$873,829	1,032	62,112
18-19	\$782,688	860	53,876

Note: Counts are unduplicated.

Sources: Respite Assistance Program Reimbursement Reports, FFY 16-17–FFY 18-19

Recommendations

49. The S.C. Department on Aging should ensure that the family caregiver support program manager conducts and documents on-site monitoring visits to the area agencies on aging, at least once, annually, to evaluate the performance of the program.
50. The S.C. Department on Aging should develop and incorporate monitoring requirements for the lifespan respite program, the Alzheimer's disease program initiative, and respite assistance program into its policy manual. These requirements should include guidance on documenting these efforts.

Additional Efforts Needed to Adequately Monitor the Evidence-Based Disease Prevention and Health Promotion Services Program

We reviewed SCDOA's oversight of the evidence-based disease prevention and health promotion services—programs that assist older individuals and their caregivers regarding behavioral changes that may reduce the risk of injury, disease, and disability—and found that:

- SCDOA does not have program-specific monitoring requirements in its policy manual for the agency when services are delivered directly by the AAAs.
- The AAAs' quality assurance reports contained either no indication that the program was reviewed, or that only partial monitoring requirements were reviewed.
- SCDOA's current monitoring efforts, whether provided directly or indirectly by the AAAs, do not include an evaluation of source documentation against the AAAs' reimbursement requests.
- SCDOA could not provide documentation that monitoring for the program has been conducted by the agency.

Failing to monitor this program leaves little assurance that the program's services were either delivered or delivered with programmatic integrity.

Program Overview

The evidence-based disease prevention and health promotion services program is authorized under Title III-D of the OAA to provide programs that offer opportunities to older individuals—those who are 60 or older—and their family caregivers to learn about and make behavioral changes that are intended to reduce the risk of injury, disease, and disability among older individuals. Examples of these programs include education on balance, arthritis, and hypertension as well as exercise activities such as aquatics and strength training.

Services for this program are primarily provided by service providers contracted by the AAAs. However, in some circumstances, the AAAs directly provide some services for this program. As of January 2020, four AAAs were, in part, directly providing evidence-based program services. Table 3.7 provides a breakdown of the evidence-based disease prevention and health promotion services expenditures and a duplicated count of individuals served in FFY 16-17 through FFY 18-19.

Table 3.7: Evidence-Based Disease Prevention and Health Promotion Services Expenditures and Individuals Served, FFY 16-17–FFY 18-19

FEDERAL FISCAL YEARS	EXPENDITURES	INDIVIDUALS SERVED
16-17	\$326,915	3,051
17-18	\$223,059	220
18-19	\$317,078	91,718

Sources: SCDOA's National Aging Program Information System Reports, FFY 16-17–FFY 18-19

According to an agency official, the fluctuation in the number of individuals served over the years is due to the fact that the agency does not track class attendance by an individual.

Oversight Requirements

The following describe the federal government's and SCDOA's requirements for the evidence-based disease prevention and health promotion services program.

Federal Requirements

Section 307(a)(4) of the OAA requires SCDOA to periodically evaluate programs funded under the OAA, which includes the evidence-based disease prevention and health promotion services program, and submit a report, in the form of an annual plan, every four years. Furthermore, OAA regulation 45 CFR 1321.11 requires SCDOA to develop and enforce policies governing all aspects of programs, including how the agency will monitor the performance of all programs operated under the OAA.

SCDOA Policy

SCDOA's policy manual contains monitoring requirements for AAAs to oversee services delivered by their providers. Specifically, the AAAs are required to have monitoring measures in place to audit each of their providers' evidence-based programs to ensure data integrity, including documentation of monthly activity calendars, trainer certifications, participant sign-in sheets, and annual participant surveys.

SCDOA's policy manual states that the agency will evaluate the AAAs through on-going, monthly, and annual reviews of the AAAs' reimbursement forms, area plans, and grant awards. Also, for monitoring purposes, SCDOA reserves the right to request any documentation collected by the providers and AAAs for evidence-based services.

The agency's policy manual, however, does not contain program-specific monitoring requirements for SCDOA. In 2019, agency leadership issued a verbal instruction stating all agency program managers are to conduct site visits, at least once annually, to each AAA to evaluate the performance of their programs.

A lack of program-specific monitoring requirements, outlined in the agency's policy manual, may result in uncertainty about the frequency and manner in which the agency intends the evidence-based disease prevention and health promotion services manager to monitor this program.

Program Oversight

The following describe the AAAs' and SCDOA's oversight of the evidence-based disease prevention and health promotion services program.

AAA Oversight

All ten AAAs provide and/or contract services for the evidence-based disease prevention and health promotion services program. According to the 2019 AAA quality assurance reports—which are reviews that assess the quality of the services delivered by providers—only five reported reviewing some aspects of their evidence-based programs, as follows:

- One indicated verifying that their providers' training certifications were valid.
- One indicated verifying the completion of annual participant surveys.
- Three verified the accuracy of participant attendance from sign-in sheets against reimbursement data.

By not reviewing all the areas required by SCDOA's policy manual, which includes a review of source documentation, there is little certainty that these services are being delivered or delivered with the intended quality.

SCDOA Oversight

According to SCDOA staff, the agency oversees this program by reviewing reimbursement requests for these services from the AAAs. These requests contain information including the activity name, date provided, duration, and number of participants. Agency staff review the document for anomalies, such as multiple classes offered by the same trainer at the same time. SCDOA's policy manual requires the AAAs to retain documentation of evidence-based programs including activity calendars, trainers' certification, and participant sign-in sheets and surveys. SCDOA staff stated that the agency collects trainers' certifications from the AAAs to compare against the AAAs' reimbursement requests. The agency, however, did not provide documentation of this practice. By not using source data to verify service delivery, there is little assurance that the service was, indeed, provided.

The agency has not conducted AAA on-site visits to monitor the performance of the evidence-based program. By the end of calendar year 2019, the program manager for the evidence-based program had only been employed with the agency for 90 days and was unable to conduct these visits. The agency, however, could not provide documentation that site visits occurred for this program during the prior program manager's employment, whose employment with the agency overlapped with that of the new program manager. Agency staff provided a monitoring guide and a compliance review tool, which, when combined, appear to provide a basis from which to adequately monitor the program. Conducting and documenting these reviews would show the program's overall performance as well as the program's strengths and weaknesses across each of the AAAs.

Recommendations

51. The S.C. Department on Aging should establish, in its policy manual, program-specific monitoring requirements for the agency in order to monitor the evidence-based disease prevention and health promotion services program.
52. The S.C. Department on Aging should ensure the area agencies on aging address all the policy-required monitoring aspects of the evidence-based disease prevention and health promotion services program in their annual quality assurance reviews.
53. The S.C. Department on Aging should oversee the evidence-based disease prevention and health promotion services program using source documentation compared against requested reimbursement data.
54. The S.C. Department on Aging should ensure the evidence-based disease prevention and health promotion services program manager conducts and documents on-site monitoring visits to the area agencies on aging, at least once, annually, to evaluate the performance of this program.

Adequate Monitoring Not Conducted for Nutrition Services

SCDOA has not adequately monitored its nutrition services programs. We found that the SCDOA has no specific monitoring requirements for the agency in its policy manual from which to base an evaluation and has high turnover in the nutrition service program manager position.

Program Overview

Nutrition services are authorized under Title III-C of the OAA in order to:

- Reduce hunger and food insecurity.
- Promote socialization of older individuals.
- Promote the health and well-being of older individuals by assisting them in gaining access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions.

The OAA authorizes two programs to achieve these goals: congregate nutrition services, also known as group dining or congregate meals, and home-delivered nutrition services, or home-delivered meals. Congregate and home-delivered nutrition services are defined as follows:

CONGREGATE NUTRITION SERVICES

At least one hot or other appropriate meal per day, five or more days a week, provided in a congregate setting, such as an adult day care facility or meal site. Additionally, the program provides nutrition education, nutrition counseling, and other nutrition services based on the needs of participants.

HOME-DELIVERED MEALS

At least one home-delivered meal per day, which may consist of hot, cold, frozen, dried, canned, or fresh foods, five or more days a week. The program also provides nutrition education, nutrition counseling, and other nutrition services based on the needs of participants.

Participant Eligibility

Nutrition service eligibility generally includes individuals who are 60 or older. The OAA gives preferences to those who meet eligibility requirements, have the greatest social and economic need, and have high nutritional risk. If an individual is assessed to have a socialization need and can attend a meal site, that person is eligible for congregate meals. If, however, an individual is homebound due to illness, disability, or other isolating conditions such as geographic isolation, s/he is eligible for home-delivered meals.

Service Delivery, Expenditures, and Participation

Nutrition services are delivered by service providers contracted by the AAAs and overseen by the AAAs and SCDOA. These services are provided in each of the ten AAAs. Table 3.8 provides a breakdown of the congregate and home-delivered meal expenditures, unduplicated counts of individuals served, and units served—one unit is equal to one meal served to a participant—for FFY 16-17 through FFY 18-19.

Table 3.8: Congregate and Home-Delivered Meal Expenditures, Individuals Served, and Units Served, FFY 16-17–FFY 18-19

FEDERAL FISCAL YEARS	CONGREGATE MEALS			HOME-DELIVERED MEALS		
	EXPENDITURES	INDIVIDUALS SERVED	UNITS SERVED	EXPENDITURES	INDIVIDUALS SERVED	UNITS SERVED
16-17	\$6,241,505	8,354	752,665	\$12,362,147	12,164	1,875,002
17-18	\$5,105,944	7,919	726,248	\$10,592,476	13,091	1,906,502
18-19	\$4,386,443	8,156	707,815	\$9,523,316	13,067	1,921,325

Notes: Counts are unduplicated. One unit is equal to one meal served to a participant.

Sources: SCDOA's National Aging Program Information System Reports,
FFY 16-17–FFY 18-19

Program Monitoring Requirements

The following describe the federal, state, and agency monitoring requirements for the nutrition services programs.

Federal Requirements

Section 307(a)(4) of the OAA requires SCDOA to periodically evaluate programs funded under the OAA, which includes congregate and home-delivered nutrition services. Furthermore, OAA regulation 45 CFR 321.11 requires SCDOA to develop and enforce policies governing all aspects of programs, including how the agency will monitor the performance of all programs operated under the OAA.

State Funding Requirements

In addition to federal funding, the nutrition services programs receive funding from the General Assembly through Proviso 40.5 of the FY 19-20 Appropriations Act. This proviso states that for services funded with these appropriations, one-quarter of 1% shall be retained by the agency to provide monitoring and oversight.

SCDOA's Requirements for Providers and AAAs

SCDOA's policy manual requires the AAAs to have written monitoring protocols that validate the data provided for the services submitted for reimbursement from providers.

The agency also requires the AAAs to collect the following from providers and make available to SCDOA upon request:

- Daily records of participant attendance for meals, nutrition education, socialization programs, etc. via sign-in sheets.
- Daily records of meals ordered, received, served, and discarded.
- Participant surveys.
- Processes for collecting, protecting, and depositing participant contributions.
- Approved menus.

Additionally, the AAAs are required to conduct and document unscheduled food safety and sanitation inspections of group dining facilities as well as quality assurance reviews of each of their providers, both, at least, annually.

Requirements for SCDOA

SCDOA's policy manual states that the agency will evaluate the AAAs through on-going, monthly, and annual reviews of the AAAs' reimbursement forms, area plans, and grant awards, as well as programmatic evaluations annually or as needed. In 2019, SCDOA issued a verbal instruction that all program managers conduct site visits, at least annually, to each AAA to monitor the performance of their programs. The policy manual, however, does not contain any specific monitoring requirements for the agency in regard to the nutrition program. A lack of program-specific monitoring requirements, outlined in the agency's policy, may result in uncertainty about the frequency and manner in which the agency intends the nutrition program manager to monitor this program.

Programmatic Monitoring

The following describe the oversight efforts of the AAAs and SCDOA for nutrition services.

AAA Oversight

In the 2019 AAA quality assurance reports, each of the AAAs conducted a review of their nutrition programs. However, none of these reviews indicated that all the information SCDOA requires the AAAs to collect from providers, such as sign-in sheets, meal records, participant surveys, participant contributions, and menus, was reviewed. By not using source documentation to verify the delivery of these services, there is little assurance that the services were delivered as intended.

SCDOA Oversight

With the exception of visits to five meal sites in 2019 (out of 78 providers), SCDOA was unable to provide documentation that the agency conducted monitoring for this program. The oversight conducted was undertaken by an agency official who was new to the position. Reports of these reviews showed that the official reviewed facilities for cleanliness and whether menus and activity calendars were posted.

High turnover in the nutrition program manager position may have contributed to a lack of program oversight. From calendar years 2017–2019, SCDOA has, in succession, employed two nutrition program managers. During this period, the position was filled by an active employee for less than half the time. By not regularly employing a nutrition program manager, there is less assurance that the program will be monitored.

Recommendations

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55. The S.C. Department on Aging should establish specific nutrition services monitoring requirements for the agency and include them in its policy manual, including a requirement that the agency will use source data collected from the area agencies on aging to verify reimbursement requests.
 56. The S.C. Department on Aging should ensure that the area agencies on aging conduct annual quality assurance reviews of their nutrition services providers and that such reviews ensure that all documentation that the agency requires the area agencies on aging to collect, in a completed form from the provider, is actually completed and collected.
 57. The S.C. Department on Aging should ensure that the annual quality assurance reviews of nutrition services providers by the area agencies on aging include a review of source documentation against reported reimbursement data.
 58. The S.C. Department on Aging should ensure that its nutrition services program manager conducts and documents annual on-site visits to the area agencies on aging to review the quality of nutrition services offered.
 59. The S.C. Department on Aging should ensure that, when program manager positions are vacant, the agency still conducts site visits to the area agencies on aging to conduct an annual review.

Inadequate Oversight of the Long-Term Care Ombudsman Program

Program Overview

We reviewed SCDOA's oversight of the long-term care ombudsman program (LTCO) and found that the agency's and program's policy manuals lacked specific monitoring requirements for the program. We also found that the agency did not monitor the program in calendar year 2019 and could not provide documentation that the program was monitored in previous years, as reported by an agency official.

The LTCO program is authorized and established under Titles III and VII of the OAA. The primary functions of the program are to identify, investigate, and resolve complaints made by, or on behalf of, residents of long-term care facilities, although S.C. Code §43-35-10 *et seq.* expands the program's jurisdiction to facilities operated or contracted by the S.C. Department of Disabilities and Special Needs (DDSN) and the S.C. Department of Mental Health (DMH). The program investigates complaints that adversely affect the health, safety, welfare, or rights of residents. The LTCO program, however, is not a law enforcement entity. Therefore, complaints that appear criminal in nature are not investigated by LTCO but by law enforcement.

Organizationally, the LTCO program employs ombudsmen at the state and AAA level to conduct investigations. Ombudsmen in the state office and an ombudsman from each of the AAAs in Appalachia, Waccamaw, Trident, and Lowcountry conduct investigations that originate from facilities operated or contracted by DDSN and DMH. The remaining ombudsmen, of which there is at least one in each of the AAAs, conduct investigations in all other types of facilities.

Table 3.9 provides a breakdown of the LTCO program's expenditures and the number of complaints received, cases opened, and cases closed for FFY 16-17 and FFY 17-18. We requested figures for FFY 18-19, but the agency had not completed its report and did not respond to a request for preliminary data.

Table 3.9: Long-Term Care Ombudsman Expenditures and Counts of Complaints Received, Cases Opened, and Cases Closed, FFY 16-17 and FFY 17-18

FEDERAL FISCAL YEAR	EXPENDITURES	COMPLAINTS* RECEIVED	CASES**	
			OPENED	CLOSED
16-17	\$2,360,511	7,367	3,664	3,592
17-18	\$2,415,065	7,055	4,180	3,629

* A complaint is a concern brought to, or initiated by, the ombudsman for investigation and action by or on behalf of one or more residents of a long-term care facility relating to health, safety, welfare, or rights of a resident. One or more complaints constitute a case.

** A case is an inquiry brought to, or initiated by, the ombudsman on behalf of a resident or group of residents involving one or more complaints which requires opening a case and includes ombudsman investigation, strategy to resolve, and follow-up.

Sources: National Ombudsman Reporting System, FFY 16-7 and FFY 17-18

Program Requirements

The following describe the federal and agency monitoring requirements for the LTCO program.

Federal Requirements

Section 307(a)(4) of the OAA requires SCDOA to periodically evaluate programs funded under the act, which includes the LTCO program. OAA regulation 45 CFR 1321.11 also requires SCDOA to develop and enforce policies governing all aspects of programs, including how the agency will monitor the performance of all programs operated under the OAA.

In addition to OAA regulations, there are federal regulations for the LTCO program located in 45 CFR 1324 *et seq.* Specifically, 45 CFR 1324.15(e) states:

The State agency shall provide monitoring, as required by § 132[4].11(b) of this chapter, including but not limited to fiscal monitoring, where the Office and/or local Ombudsman entity is organizationally located within an agency under contract or other arrangement with the State agency. Such monitoring shall include an assessment of whether the Ombudsman program is performing all of the functions, responsibilities and duties set forth in §§ 1324. 13 and 1324. 19.

This regulation applies to SCDOA since the local ombudsman entities are organizationally located within the AAAs, which are under contract with SCDOA. In the quote above, references to the state agency mean SCDOA, the reference to 45 CFR 1324.11(b) refers to the establishment of the LTCO office, the reference to 45 CFR 1324.13 refers to the functions and responsibilities of the state long-term care ombudsman, and the reference to 45 CFR 1324.19 refers to the duties of the representatives, or ombudsmen, of the office.

In addition to monitoring requirements for SCDOA, 45 CFR 1324.11(e)(1)(iii) requires the state's director of the LTCO program, known as the state long-term care ombudsman, to conduct program performance monitoring of its local ombudsman entities.

SCDOA Policy Requirements

SCDOA's policy manual restates the federal regulatory monitoring requirements, specifically that SCDOA will monitor the performance of the LTCO program, and the state long-term care ombudsman will evaluate the statewide performance of the program. For the latter requirement, SCDOA's policy manual requires this evaluation to be conducted on an annual basis. The 2015 LTCO policy manual, which is the program's current policy manual, reiterates these monitoring requirements.

References to monitoring in all of these policies are broad statements indicating that monitoring for the program will be done. None of these policies provide detail as to how the monitoring will be conducted, through observation for example, or how the monitoring will be documented.

Program Monitoring

Oversight of the LTCO program by SCDOA has not occurred. An SCDOA official stated, in the past, there has been resistance from the LTCO program to supply information because of federal disclosure restrictions. While §712(d)(2)(B) of the OAA limits the type of information the LTCO program may disclose—even to SCDOA—45 CFR 1324.15(e), which requires SCDOA to monitor the LTCO program, states the agency may make reasonable requests of reports, including aggregate data regarding ombudsmen program activities, to meet the requirements of this provision.

An LTCO official stated it provides SCDOA its accountability and performance reports to satisfy this requirement. However, oversight in which the overseen—the LTCO program—maintains discretion over which information it provides to the overseer—SCDOA—is not adequate oversight.

The state long-term care ombudsman has also not conducted performance monitoring of the local ombudsman program. A program official stated that monitoring was not conducted in 2019 and could not provide documentation of the monitoring that was reportedly conducted in previous years. The official also stated that there is no formal monitoring template to document the agency's monitoring efforts. A monitoring tool would be a useful method of documenting the program's monitoring efforts, ensuring a comprehensive review is undertaken and serving as a means for comparing the program's performance across the state.

Issues Noted in the Long-Term Care Ombudsman Case File Review

We conducted a case file review of LTCO files to determine whether cases were initiated according to state law—within two working days—and contained signed consent forms from residents to access their records. We also reviewed whether the justification for closing a case was documented in the files. We found that:

- 39% of cases were initiated after more than two working days, delays which constitute violations of state law.
- 33% of case files did not contain a signed consent form.
- 11% of case files did not contain adequate documentation to close the file in the manner indicated in the closure letter.

Sample Considerations

We conducted a random sample of long-term care ombudsman cases from DDSN and DMH facilities in 2019, as these records were the most readily available. The sample included 65 of 194 case files, and our results were calculated at a 95% confidence level, ± 10 percentage points. Therefore, these results can be generalized to all LTCO investigations from DDSN and DMH facilities in 2019.

Our analysis of the length of time from case receipt to initiation was hampered by limited agency documentation. The majority of LTCO case files did not contain a program intake form to document when the agency received the case, as required by policy. For the majority of the files, LTCO case receipt dates were noted in ombudsmen cases notes. However, these notes indicated when the investigating ombudsmen were assigned the cases, not when the program received the cases. There were also several instances in which additional case file documentation conflicted with the receipt dates noted in the case notes.

All of the cases, however, included an intake form from SLED's vulnerable adults investigations unit, which is responsible for forwarding these cases to the LTCO program. While the receipt dates on these forms are not necessarily the same intake dates for the LTCO program, we used this date, adding one day for transmission, to determine whether cases were initiated by the LTCO program within the two working-day limit prescribed in S.C. Code §43-35-40.

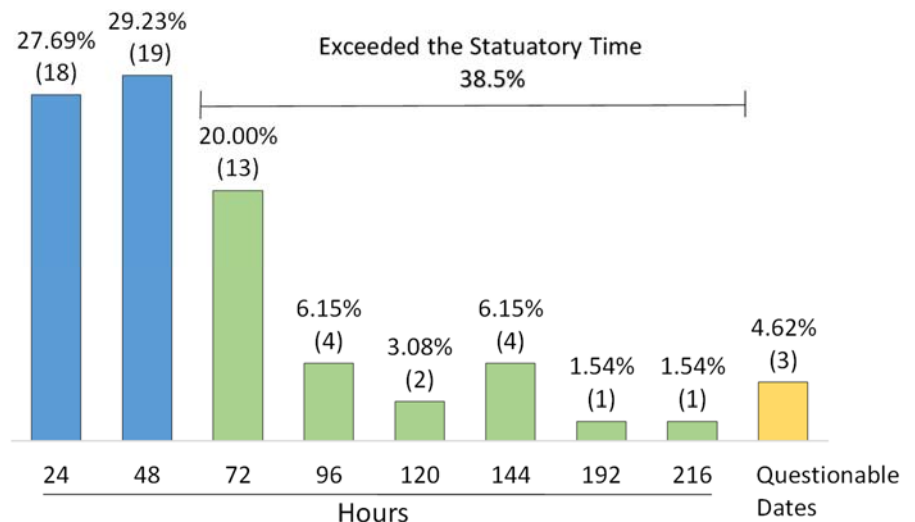
Sample Results

The following describe the results from our sample of LTCO case files in regard to time limits and case initiation, signed consent forms, and case closure justification.

Case Initiation Time Limits

Of the 65 cases sampled, 57% were initiated within two working days, 39% were initiated after more than two working days, and, for approximately 4%, dates were either not recorded or recorded in error. Chart 3.10 provides a breakdown of these cases and the time lapsed from receipt to initiation.

**Chart 3.10: Long-Term Care
Ombudsman Cases by Hours
Lapsed from Receipt to Initiation**



Source: LAC Analysis of Sampled Long-Term Care Ombudsman Case Files

Case Files Without Signed Consent Forms

Signed consent forms were not included in nearly one-third (18 of 65) of the files, as required by agency policy. The following is a breakdown of what we found:

- Six contained no consent forms.
- Four noted that verbal consent was granted by the resident or their legal representative, but the files did not contain the signed consent forms.
- Five contained email authorization from the state long-term ombudsman to proceed with an investigation but no signed consent forms.
- One contained an unsigned consent form.
- One contained a case note that referenced authorization from the state long-term care ombudsman in an email, but neither the email nor the signed consent form was included.
- One, which involved multiple residents, contained signed consent forms for all but one resident.

By not including signed consent forms in the case file, there is little assurance that residents, their representatives, or the state long-term care ombudsman authorized the investigation, as required by federal law.

Cases Closed Without Adequate Documentation to Justify the Closure

Documentation justifying the closure of cases was not adequate in 11% (7 of 65) of the cases. When an ombudsman closes a case, the initial allegation is often either verified or unverified. The finding and justification for the finding is typically noted in the case's closure letter. The following provide a brief description of our conclusions:

- One was verified based, in part, on observations with the consumer and interviews with the staff. The file, however, did not contain case notes, which document the ombudsmen's observations and interviews.
- One was not verified based on the alleged perpetrator's statements denying the claim, in part, because the facility doors could not be locked. There was no indication that the ombudsman visited the facility to verify that the doors could not be locked.
- One was not verified based, in part, on interviews with consumers and staff. The file, however, did not contain ombudsman interviews with staff.
- One was not verified based, in part, on interviews with consumers and staff. The file contained a two-sentence interview with the alleged perpetrator and a two-sentence interview with the alleged victim, both of which did not contain enough information to support the justification.

- One was verified based, in part, on interviews with consumers and staff. However, all the interviewees denied the allegation.
- Two justifications—one verified and one not verified—were based, in part, on medical records. However, supporting medical records were not included in these files to verify these justifications.

We asked SCDOA to review these cases to ensure that our assessment was accurate, but the agency did not respond to our request. By not including in the case files all the documentation that justifies its conclusions, the LTCO program is not ensuring there is enough evidence to independently corroborate its findings.

Subpoena Authority Necessary for SCDOA to Adequately Monitor the Long-Term Care Ombudsman Program

As stated in the *Program Monitoring* section, federal regulations only allow SCDOA to monitor the LTCO program through aggregate data. With few exceptions, these regulations specifically prohibit the LTCO program from disclosing to anyone, including non-LTCO staff employed by SCDOA, the detailed data that is necessary to adequately monitor the program. An exception to this provision is a court order that requires the release of such information.

Without access to this information, SCDOA or any other state-level entity, cannot adequately evaluate the performance of the LTCO program. As such, it is not possible for SCDOA to monitor the LTCO program as we did in the section *Sample Results* above. Granting SCDOA the authority to obtain a court order, in the form of a subpoena, would allow the agency the degree of access necessary to adequately oversee the LTCO program.

Recommendations

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60. The S.C. Department on Aging should establish specific monitoring policies for the long-term care ombudsman program and include these in the agency's and the long-term care ombudsman's policy manuals.
 61. The S.C. Department on Aging should ensure that the performance of the long-term care ombudsman program is monitored, on an annual basis, by the state long-term care ombudsman.
 62. The S.C. Department on Aging should develop a monitoring template to document the state long-term care ombudsman's monitoring efforts.

63. The General Assembly should amend state law to grant subpoena authority to the S.C. Department on Aging for the purpose of monitoring the long-term care ombudsman program.
64. If the General Assembly grants the S.C. Department on Aging subpoena authority, the agency should monitor the performance of the long-term care ombudsman program using detailed data. Analyses should include, but not be limited to, ensuring the long-term care ombudsman program:
 - Complies with the case initiation time requirements in state law.
 - Obtains and documents in its case files authorization to access residents' files.
 - Documents in its case files the program's justification for closing its cases.
65. If the General Assembly does not grant the S.C. Department on Aging subpoena authority, the agency should monitor the long-term care ombudsman program through aggregate data, as required by federal law.
66. To monitor the long-term care ombudsman program with aggregate data, the S.C. Department on Aging should request, from the long-term care ombudsman program, the reports it deems necessary to properly evaluate the performance of the program.
67. The long-term care ombudsman program should comply with requests from the S.C. Department on Aging for aggregate data reports to monitor the program, as long as these requests comply with federal requirements.
68. If the General Assembly does not grant the S.C. Department on Aging subpoena authority, the long-term care ombudsman program should ensure that it:
 - Formally documents the dates in which cases are received.
 - Complies with the case initiation time requirements in state law.
 - Obtains and documents in its case files authorization to access residents' files.
 - Includes in its case files documentation that supports the program's justification for closing its cases.

Staff Not Provided Current Long-Term Care Ombudsman Policy Manual

During our review, we found that few long-term care ombudsmen had a current policy manual and, at times, many had not received one at all. We polled 23 long-term care ombudsmen and found:

- 13% (3) had the current 2015 manual.
- 48% (11) had the 2005 manual.
- 26% (6) had not received a manual.
- 13% (3) did not respond.

One ombudsman responded to us, stating that, over the last five years, she had requested a revised copy of the manual, but one was never provided. By not providing staff with the program's current policy manual, staff may be left unclear about the program's processes, and thus provide less effective services.

Recommendation

69. The S.C. Department on Aging should ensure that all long-term care ombudsmen are provided the most current version of the program's policy manual.

Financial Considerations of Relocating Adult Protective Services to SCDOA

We reviewed the financial considerations of relocating the adult protective services (APS) program to SCDOA and found that:

- LTCO's state funding is not fixed by a line item in SCDOA's appropriation, meaning there is a potential for the program's funding to be absorbed by APS.
- SCDOA could not provide documentation of the LTCO program's state expenditures.
- Administrative losses would likely occur, as SCDOA does not have the attorneys, human resources staff, and equipment in every county from which the APS program currently benefits from its placement within the S.C. Department of Social Services (DSS).

Potential Impact on the Long-Term Care Ombudsman Program

In January 2019, Senate Bill S.197 was introduced to relocate APS, which is currently located in DSS, to SCDOA. Both the LTCO program and APS have similar roles—investigate non-criminal allegations of elder abuse, neglect, and exploitation, although LTCO generally investigates allegations occurring in facilities while APS investigates those occurring in the community.

One consideration in relocating the APS program under SCDOA is the potential for the program to absorb LTCO’s state funding. APS receives approximately \$50,000 per fiscal year in state funding, while the LTCO program’s state allocations are not fixed as its own line item. The program was initially funded in FY 06-07 for approximately \$233,000 to include a program manager, three investigators, and an administrative assistant. Since these positions were established, LTCO’s state funding has been consolidated with the rest of the SCDOA’s classified positions, according to an agency official. As such, a relocated APS or any of SCDOA’s existing programs, could absorb LTCO’s state funding. Alternatively, LTCO could absorb funding from other existing SCDOA programs.

We asked SCDOA for the program’s expenditures from state funds for FY 16-17 through FY 18-19, but the totals we received did not include expenditures for LTCO’s state-funded investigations that were conducted by AAA ombudsmen. We requested that data, but the agency did not respond to our requests for this information. Prior to July 2018, state-funded investigations were exclusively conducted by the ombudsmen in the state office. Table 3.11 provides a breakdown of the program’s expenditures for FY 16-17 through FY 18-19, less the expenditures for the state-funded AAA ombudsmen investigations in the latter fiscal year.

Table 3.11: Long-Term Care Ombudsman Program Expenditures From State Funds, FY 16-17–FY 18-19

FISCAL YEAR	EXPENDITURES
16-17	\$278,964
17-18	\$411,287
18-19*	\$206,492

*Excludes LTCO’s expenditures for state-funded investigations by AAA ombudsmen.

Source: SCDOA’s SCEIS Expenditures, FY 16-17–FY 18-19

Agency staff stated that the expenditure fluctuation was due to changes in office space, rent, and salaries. Based on this information, average expenditures for the program are unclear.

Administrative Inefficiencies

Relocating the APS program under SCDOA will likely result in administrative inefficiencies and require additional funding for the services that would be lost as a result of the consolidation. As part of DSS, APS has a presence in every county and access to DSS attorneys, human resources staff, and equipment. Conversely, SCDOA operates at the AAA level, and likely cannot offer the attorneys, human resources staff, and equipment that DSS offers APS. Relocating APS under SCDOA would likely require additional funding to provide the same services already provided by DSS.

Recommendation

70. The General Assembly should establish a line item in the appropriations act for the S.C. Department on Aging's long-term care ombudsman program.

Limited Oversight of the State Health Insurance Assistance Program

We reviewed SCDOA's oversight of the state health insurance assistance program (SHIP) and found that the agency's policy manual lacked program-specific monitoring requirements for the agency. Despite the absence of these requirements, SCDOA staff conducted limited oversight of the program through AAA site visits, in which a monitoring tool was used, and announced visits to outreach events for select staff.

Program Overview

SHIP, which is overseen by SCDOA, was created by the federal Omnibus Budget Reconciliation Act of 1990 to make grants to states to establish and maintain health insurance advisory service programs for Medicare-eligible individuals, their families, and caregivers. Grant funds support information, counseling, and assistance activities so recipients can make informed health insurance decisions that optimize access to care and benefits.

SHIP grants are non-competitive, but applicants must still demonstrate how the funds will be used to enhance the program. As of April 1, 2020, SHIP funds will be awarded for a five-year project period lasting through March 31, 2025. South Carolina is estimated to receive \$3,947,905 in total, \$789,581 per year for the program.

SHIP is overseen by a state coordinator, employed by SCDOA, and each AAA employs a SHIP regional coordinator. SHIP staff in the state office and in each of the AAA offices provide program services. SHIP services are provided through one-on-one contacts either in-person, by telephone, email, postal mail, or fax. SHIP staff also conduct outreach events such as exhibits at health fairs.

Program Monitoring Requirements and Efforts

While there are no federal monitoring requirements for the SHIP program, SCDOA's policy manual provides a general statement regarding program monitoring: SCDOA shall audit SHIP activities to ensure data integrity by using the program's data system. A lack of program-specific monitoring requirements, outlined in the agency's policy, may result in uncertainty about the frequency and manner in which the agency intends the SHIP manager to monitor this program.

Despite the absence of program-specific monitoring requirements for the agency, staff monitor the program through reviews of the number of beneficiary contacts made by AAA staff, AAA site visits, and visits to SHIP outreach events. SCDOA not only reviews the number of beneficiary contacts made by the AAAs against the AAAs' contract requirements to ensure quotas are met, but also to monitor the SHIP program. Staff review data from previous days and weeks to identify trends and anomalies.

For the site visits, a monitoring tool is used, which is sent in advance to the AAAs for completion. During the site visit, responses to monitoring tool questions are reviewed and discussed. While the figures reported on the monitoring document can be verified using the program's database, staff do not obtain documentation of non-numerical data, such as whether AAAs have a process for handling non-English-speaking callers, to verify the accuracy of the AAAs' responses. By not using source documentation to verify the delivery of these services, there is little assurance that the services were delivered as intended.

Visits to outreach events are announced and conducted only for new staff. Agency staff stated that visits were announced because the agency is not informed of the AAAs' presentation schedules, as these schedules are not required to be provided to SCDOA. Conducting unannounced visits will likely provide a better representation of the services provided on a regular basis, and conducting visits to outreach events held by new and existing staff will ensure that all staff are accurately presenting program information.

Based on our inquiries, SCDOA staff stated that the agency plans to require the AAAs to provide, in advance, outreach event schedules to conduct unannounced visits. These visits will occur for both new and current SHIP staff.

Recommendations

71. The S.C. Department on Aging should establish program-specific monitoring requirements for the state health insurance assistance program and include these in its policy manual.
72. The S.C. Department on Aging should require the area agencies on aging to provide source data to verify the accuracy of their responses on the state health insurance assistance program monitoring tool.
73. The S.C. Department on Aging should require the area agencies on aging to provide, in advance, their state health insurance assistance program outreach event schedules.
74. The S.C. Department on Aging should conduct unannounced visits to state health insurance assistance program outreach events to ensure the events observed are representative of those regularly held.
75. The S.C. Department on Aging should conduct visits to state health insurance assistance program outreach events presented by new and existing staff to ensure all staff are accurately presenting program information.

Monitoring Enhancements Needed for the Eldercare Trust Fund

Program Overview

SCDOA, which oversees the eldercare trust fund (Fund), does not have program-specific requirements to monitor how recipients use funds and cannot document that disbursements from the Fund were used as stated in the recipients' applications. Without adequate oversight, there is little assurance that recipients used these funds for authorized purposes.

In 1992, the General Assembly established the Fund for the purpose of awarding grants to establish and administer innovative programs and services that assist older persons to remain in their homes and community with maximum independence and dignity. Contributions to the Fund are voluntary. Taxpayers may designate the amount they want to contribute at the time they file their South Carolina individual income tax returns. S.C. Code §43-21-160(E) authorizes SCDOA to perform all activities necessary to administer the Fund. Table 3.12 shows the contributions for this program for tax years 2016–2018.

Table 3.12: Eldercare Trust Fund Contributions for Tax Years 2016–2018

FUND CONTRIBUTIONS		
2016	2017	2018
\$11,418	\$20,070	\$18,571

Source: S.C. Department of Revenue Annual Reports,
FY 16-17–FY 18-19

Those interested in receiving awards from the Fund must submit an application to SCDOA that includes a project description as well as a budget and budget narrative. Eligible recipients include both public and non-profit agencies. Grantees are awarded one-year grants of up to \$5,000, and subsequent funding may be awarded depending on the level of funding in the Fund and satisfactory outcomes.

Program Monitoring

Neither state law nor agency policy specifies monitoring requirements for this program. However, SCDOA's application requires that applicants state the proposed projects' objectives and performance indicators, both of which could be used as measures to monitor recipients.

According to agency staff, recipients are required to complete status reports on funded projects throughout the project cycle. These reports include output data such as the number of seniors served, number of hours seniors were served, and number of educational hours provided. Staff also stated that recipients often submit testimonials and pictures of events. We asked SCDOA for documentation supporting the claims recipients made in their status reports, but staff indicated the status reports were the documentation. Staff also stated that site visits were conducted but did not provide documentation of these visits. Without documentation to support the claims of recipients, SCDOA cannot be certain that recipients used the funds as stated.

Recommendations

76. The S.C. Department on Aging should establish, in policy, formal monitoring requirements for recipients of grant awards from the eldercare trust fund to evaluate whether funds are used as intended.
77. The S.C. Department on Aging should require that recipients of awards from the eldercare trust fund provide supporting documentation to verify information presented in their status reports.
78. The S.C. Department on Aging should monitor recipients' use of funds from the eldercare trust fund with documentation that supports their claims.

Geriatric Loan Forgiveness Program Monitoring Improvements Needed

Program Overview

SCDOA has not adequately monitored whether recipients of the geriatric loan forgiveness program met program requirements, which include practicing in the state at least five years, accepting Medicare and Medicaid patients, accepting reimbursement or contractual binding rates, and not discriminating against patients based on the ability to pay. Without oversight, there is little assurance that recipients continue to meet requirements for loan forgiveness.

In 2005, the General Assembly established the geriatric loan forgiveness program to reimburse student loan payments of physicians licensed or certified to practice in the state and who have completed a fellowship in geriatrics or geropsychiatry. Geropsychiatry is a subspecialty of psychiatry dealing with mental health and illness in the elderly.

The program is designed to incentivize geriatric and geropsychiatric fellows to practice in South Carolina by repaying some of their medical school debt. SCDOA selects recipients based on recommendations from an advisory board of members who represent the S.C. Medical Association, S.C. Commission on Higher Education, Medical University of South Carolina, School of Medicine of the University of South Carolina, and a fellow in geriatrics or geropsychiatry.

S.C Code §43-21-200(C)(2) authorizes up to four recipients to participate in the program, unless funding permits additional participants. The law authorizes a total reimbursement of \$35,000 per physician, per number of fellowship years. For FY 17-18 through FY 19-20, the General Assembly appropriated \$35,000 each year from the General Fund for this program.

Program Monitoring Requirements

According to S.C. Code §43-21-200(C) program participants must agree to:

- Practice in the state at least five years.
- Accept Medicare and Medicaid patients.
- Accept reimbursement or contractual binding rates.
- Not discriminate against patients based on the ability to pay.

These conditions are also included in the program's contract. Program participants agree to allow SCDOA to verify the veracity of statements regarding program requirements, although this requirement is not included in the agency's policy manual.

SCDOA conducts annual reviews with recipients to verify they are meeting requirements. However, SCDOA does not collect supporting documentation to verify recipients' statements. Supporting documentation could be used to verify the claims made by recipients are indeed accurate.

Recommendations

79. The S.C. Department on Aging should formalize monitoring requirements for the geriatric loan forgiveness program in its policy manual.
80. The S.C. Department on Aging should obtain supporting documentation to verify the information claimed by recipients during its annual geriatric loan forgiveness reviews.

Additional Efforts Needed to Adequately Monitor the Senior Center Permanent Improvement Project

We reviewed SCDOA’s monitoring requirements and efforts for the permanent improvement project (PIP) and found that the agency’s monitoring requirements have not been formalized in its policy manual, and its reported monitoring efforts have not been documented.

Program Overview

PIP is a grant program overseen by SCDOA that allocates funding for senior center capital improvement projects. The General Assembly established the program in 1991 to address 74 specific projects and then expanded it in 1997 to include funding for additional projects. PIP funding is sourced from bingo revenue. In statute, SCDOA’s PIP is listed as the first of several programs to receive this revenue, receiving a fixed total of \$948,000 in 12 monthly installments (\$79,000/month).

Entities interested in receiving PIP funding must complete a grant application. Applicants must either be a local or county government or an aging service non-profit entity that is a contracted provider of a AAA or expends OAA or state aging funding. PIP funds must be used for renovation, expansion, and building purchases as well as emergency repairs of operating senior centers in which there are serious health and safety issues. Funds are limited to \$350,000 per recipient every seven years, and recipients are required to provide a match—10% for emergency requests, and 30% for all other projects. Grants are solicited from SCDOA annually, based on available funds.

Program Monitoring Requirements

SCDOA's policy manual does not contain monitoring requirements for the PIP program. A lack of program-specific monitoring requirements, outlined in the agency's policy, may result in uncertainty about the frequency and manner in which the agency intends for this program to be monitored.

The agency's grant application, however, requires recipients to submit quarterly reports throughout the grant period, which may be up to two years. These reports require recipients to report on the:

- Status of the project, including photographs of ongoing work.
- Expected completion date.
- Changes, if any, in scope (e.g., size, design).
- Changes, if any, in budget.
- Amount of expended PIP-related funds.

Program Monitoring

SCDOA has not adequately monitored funds awarded through PIP. According to an agency official, the agency monitors the recipients of PIP funds through quarterly reports and site visits to project sites. The quarterly reports, however, do not require recipients to provide source documentation to validate the accuracy of the information stated, with the exception of the photographs of ongoing work. Also, site visits that were reportedly conducted were not documented. With the lack of documentation of recipients' use of funds and agency site visits, there is little assurance that recipients used the award as intended.

Recommendations

81. The S.C. Department on Aging should include, in its policy manual, the agency's monitoring requirements for the permanent improvement project.
82. The S.C. Department on Aging should require permanent improvement project recipients to include source documentation that supports the statements made in their quarterly reports.
83. The S.C. Department on Aging should require program managers to document visits to permanent improvement project sites.

Organization and Management Practices

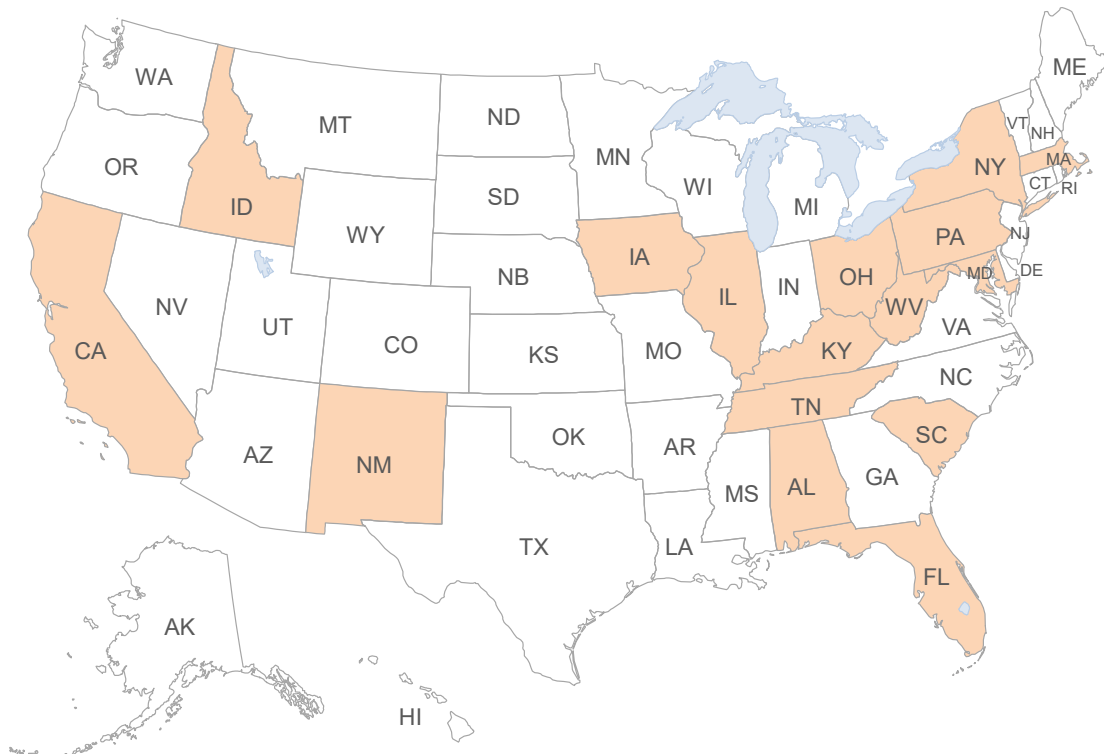
We reviewed the selection methods for those appointed to lead the state units on aging in all 50 states; conducted a survey SCDOA employees to determine how they felt about the organizational environment and management/non-management relations; and analyzed human resources management issues at SCDOA and found:

- SCDOA employees expressed little problem with the organizational structure.
- The agency has been affected by perceptions of mistrust, lack of teamwork, malicious talk, inequities in treatment between management and non-management employees, and poor communication.
- SCDOA has had ten directors since 2003, most with little experience in aging programs, while at the same time, the responsibilities of the state unit on aging has been assigned to various units in state government.
- The inadequate retention of position descriptions.
- Issues completing performance appraisals in a timely and equitable manner and staff attitudes toward the performance appraisal process.
- Inequities in employees' salaries, a lack of information on the salaries of regional ombudsmen, and disparities among employees' feelings toward the fairness of their salaries.
- Concerns about bonuses and the information provided to employees.
- A lack of confidentiality policies reflected in employees' concern that they would be not be protected from retaliation for reporting workplace rules violations.
- Not every program has required specific training for regional staff.
- Problems maintaining, documenting, and providing training in compliance with the agency policy manual.

Placement of States' Units on Aging

We identified the state units on aging in each of the 50 states. We found 16 states, including South Carolina, in which the state unit on aging is a stand-alone agency with a director or secretary appointed by the governor and not one in which the state unit on aging is subsumed within a larger, multi-purpose department. States with stand-alone agencies are highlighted in Map 4.1.

Map 4.1: States with Stand-Alone Units on Aging



Highlighted states have stand-alone units on aging.

Source: LAC

Only 3 of those 16 states had specific eligibility requirements for the head of the state unit on aging:

ILLINOIS

Requires that the director of its Department on Aging to be a senior citizen, as defined elsewhere in state law, and possess sufficient experience in providing services to senior citizens.

IOWA

Requires that the director of its Department on Aging has training in gerontology, social work, public health, public administration, or extensive knowledge of programs administered to the elderly, demonstrate understanding and concern for the welfare of older individuals, and demonstrate competency and work experience in administrative, supervisory, or management positions.

TENNESSEE

Requires that the director have a minimum of five years' experience in the fields of aging or disability, or administrative experience necessary to properly operate and manage the programs for which the commission on aging is responsible.

We found one other state, West Virginia, requires that the head of its state unit on aging be selected with consideration to training and experience in senior issues.

In South Carolina, the Governor appoints the director of SCDOA with the advice and consent of the Senate. South Carolina law does not specify the credentials that the SCDOA director should possess. Since 2003, South Carolina has had ten directors, most of whom had no relevant background or experience in aging programs. Those with no background in aging programs had professional experiences in state politics, business, insurance, government finance, real estate, and banking.

We heard from employees that experience in, or knowledge of, policies and programs dealing with the aging would be helpful in a director. Also, early in our audit, prior to the appointment of the current director, we heard from current and former employees who described the atmosphere as "toxic." We heard about employees unwilling to comply with office procedures and an agency that had lost focus.

This lack of continuity in agency leadership, coupled with inexperience in aging programs by some former directors, may have contributed to an environment in which staff were left alone to manage their own programs with little accountability and uncertainty about whether employees were complying with the most basic rules and procedures of state employment.

Aging Services Under the Office of the Lieutenant Governor

Since 2003, SCDOA has had ten directors. Terms of service have ranged from as little as one month to six years. Prior to January 2019, the functions of the agency had been housed at various times in a stand-alone commission on aging, the Office of the Governor, the S.C. Department of Health and Human Services, and the Office of the Lieutenant Governor. Since becoming a cabinet department, SCDOA has already had two directors, with the second one appointed and confirmed during our review.

Turnover among directors may have contributed to uncertainty among staff as directors have come and gone, each potentially having brought with them their own visions for the agency and their own approaches to managing the department.

Results of SCDOA Employee Survey

During our audit, we conducted a survey of all SCDOA employees from January 29, 2020–February 5, 2020, using SurveyMonkey®. A total of 41 survey invitations were sent. We received 34, for a response rate of 83%.

At the time we conducted this survey, a new director had only recently been appointed. Several respondents expressed concern that their responses not be interpreted so as to reflect on the new director. However, we are reporting survey results so that management can take steps to address employee concerns to the extent that they continue to be an issue for the agency.

Employee responses suggest that there is mistrust among some employees and a concern that there is inequity in the treatment among management and non-management employees who violate agency rules. Some employees fear retaliation if they bring allegations of rules violations to their supervisors.

During our initial interviews with agency and non-agency staff, we received complaints of:

- A toxic work environment.
- Different expectations for compliance with work rules.
- Employees who disrupted a training session to air their grievances with certain SCDOA staff.
- Employees who resisted compliance with the most basic administrative rules with which all state employees must comply such as submitting leave requests.
- Agency leadership that overlooked inappropriate, if not abusive behavior.
- Cliques and malicious gossip among some employees.

We were able to substantiate many of these allegations. A complete list of aggregated responses is found in Appendix A but a summary of some of the survey responses appears in Table 4.2.

**Table 4.2: Summary of
LAC Survey Responses**

44% Fewer than half, say they believe what management tells them.
74% Almost three-fourths, believe that back-biting, malicious talk behind someone's back, occurs in the agency.
47% A plurality of respondents, do not believe that opportunities for growth and advancement are based on merit.
29% Believe that opportunities for growth are based on merit.
53% A slight majority, believe that employees are held accountable for producing quality work.
59% A majority, say they are proud to be an employee of the agency.
53% A slight majority say they can make decisions affecting their job.
53% A majority, believe the agency is free of racial discrimination; 62% A majority, believe it is free of age discrimination; 50% Only half, believe the agency is free of gender discrimination.
41% A plurality, do not believe that disciplinary procedures are fair and consistent; 18% Believe that they are.
53% A slight majority, do not believe that there is a spirit of teamwork in the agency.
59% A majority, believe that employees do not respect agency management.
44% Fewer than half, of respondents say new employees get the training they need to start the job.
47% A slight minority say that the way the agency is organized contributes to its effectiveness.
41% A plurality, of respondents believe they risk retaliation if they report violations of policies, procedures, or workplace rules.

Source: LAC survey of SCDOA employees

Recommendation

84. The General Assembly should consider amending state law to require the Governor to consider experience in policies and programs for seniors when appointing someone for the position of director of the S.C. Department on Aging.

Human Resources Issues

During our review of human resources management practices, we found that the SCDOA failed to:

- Maintain position descriptions for all current employees.
- Properly approve position descriptions in a timely manner.
- Conduct performance reviews in a timely manner and apply rating scales consistently.
- Ensure that training was provided.
- Document all training in those instances when it was conducted.

Position Descriptions Not Maintained for All Employees

The agency was unable to provide position descriptions for all employees. SCDOA is not in compliance with Division of State Human Resources (DSHR) regulations governing position descriptions. We requested current position descriptions for 40 employees. This included position descriptions for every employee except the director and the former deputy director. SCDOA provided us with 39 position descriptions, but was unable to locate the current position description for one employee. DSHR Regulation 19-702.04 (e) states that current position descriptions shall be maintained by both the agency and DSHR.

Undated and Unsigned Position Descriptions

According to an SCDOA official, division managers are responsible for ensuring both position descriptions and performance appraisals are dated and signed by their employees. We found that 2 of the 39 position descriptions were unsigned. Three position descriptions were signed, but not dated.

We received reports from employees that caused us to question the extent to which the agency maintained accurate and current positions descriptions. The reports included issues such as encouraging employees to sign new copies of performance appraisals and position descriptions, but not include a date, as well as asking individual employees if they retained copies of the previously mentioned documents. Employees reported being unsure if the agency retained a copy of their position descriptions and performance appraisals. These reports, along with missing signatures and dates on position descriptions for employees in a relatively small agency, call into question the agency's handling of this aspect of human resource management.

Issues With Performance Appraisals

We reviewed performance appraisal documents and found:

- SCDOA managers failed to ensure that appraisals contained signatures, indicating they had been reviewed and discussed with employees.
- Performance appraisals were not conducted according to state regulation.
- Managers misapplied the rating system.

Unsigned Performance Appraisals

Performance appraisals contain two stages: planning and evaluation. During the planning stage, the supervisor meets with the employee to discuss the position description and how it relates to job functions and objectives for the upcoming year. The evaluation stage allows supervisors to rate an employee's performance throughout the year based on definitions communicated during the planning stage.

We found that of the 40 performance appraisal documents we received, 7 did not have the employee signatures in the planning stage of the document. Three documents contained no employee signatures affirming their agreement with the evaluation stage.

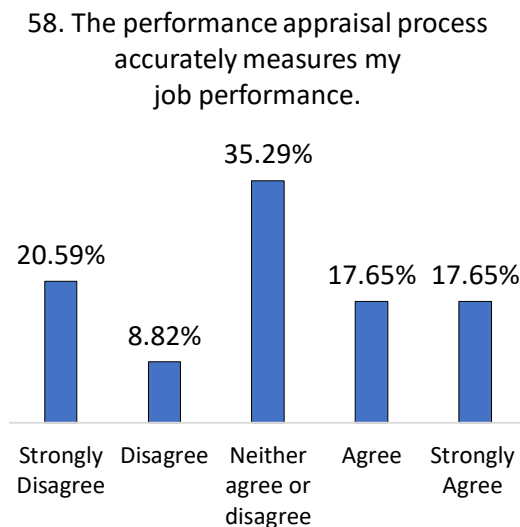
Timing Issues With Performance Appraisals

We also found SCDOA is not complying with its policies on the timeframe for the completion of performance appraisals. Agency policy states, "the performance appraisal date marks the beginning of a new review period. If an employee does not receive an appraisal prior to the performance appraisal date, the employee shall receive a "successful" rating by default."

We calculated the number of days from when employees signed the planning stage of their performance appraisal to the date the employees signed their evaluation stage of the appraisal, signifying they had been reviewed by their manager. We were only able to complete this action for 26 of the 40 SCDOA employees because some appraisals have not yet been completed for the current year. One employee signed the evaluation stage of the performance appraisal document 187 days after the end of the date range prescribed in the performance appraisal. Another employee signed the planning and evaluation stages on the same date.

We conducted a survey of all SCDOA employees. The survey asked about a variety of topics including performance appraisals. Chart 4.3 shows only approximately 35% of respondents agreed or strongly agreed the performance appraisal process accurately measures employee job performance.

**Chart 4.3: Response to
LAC Survey Question 58**



Source: LAC Survey of SCDOA Employees

Inconsistent Performance Appraisal Ratings

We found a lack of consistency in the ratings provided to employees in their performance reviews. Following a performance appraisal, employees receive a numeric score as well as a corresponding rating. The ratings are “exceptional,” “successful,” and “unsuccessful.” One employee was given a rating that did not align with their numeric score. This does not correspond to the rating scale outlined in SCDOA’s human resources policy manual.

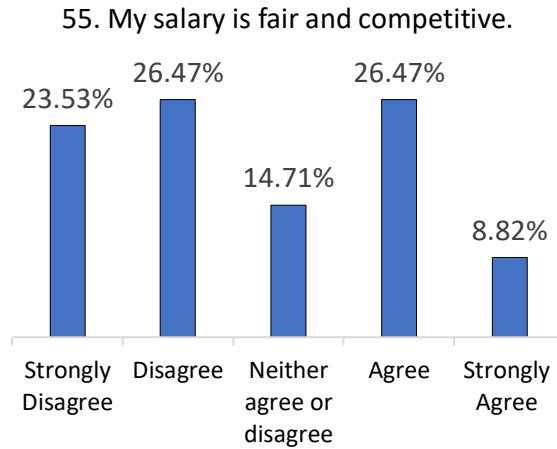
Additionally, this should not have occurred because appraisals are supposed to be reviewed by the next higher-level supervisor, unless the rater is the agency head, according to the agency’s human resource policy manual. The lack of consistency in applying numeric scores and ratings creates inequity among employees.

Salary Inequities

We reviewed employee salaries for possible pay inequities. We found evidence indicating inequities exist among employees within the same job class title. We analyzed the correlation between employees’ years of service at SCDOA and their annual salaries, for employees within the same job class. Many job class titles only have one or two employees. For a broader review, we selected three job class titles with the most employees: program coordinator I, program coordinator II, and program manager I. Program coordinator IIs have the weakest correlation coefficient of the selected job class titles. For this job class, there is minimal connection between length of employment at the agency and the employee’s salary. We reviewed the salary range for program coordinator IIs set by the DSHR. The average program coordinator II at SCDOA has been employed for 7.3 years by the agency, but the average salary falls \$1,418 below the salary midpoint set by DSHR.

In our survey conducted of SCDOA employees, we inquired about salary fairness and competitiveness. Responses to that survey item are summarized in Chart 4.4. A majority of employees expressed disagreement that salaries are both fair and competitive.

**Chart 4.4: Response to
LAC Survey Question 55**



Source: LAC Survey of SCDOA Employees

Salaries of Pilot Program Ombudsmen Unknown

According to an agency official, SCDOA was unable to provide the salaries for four ombudsmen participating in a pilot program covering contracted and agency-operated facilities of the S.C. Department of Mental Health (DMH) and S.C. Department of Disabilities and Special Needs (DDSN). The total cost for this program is derived entirely from state funding. This contradicts reports by agency officials which state two ombudsmen positions in the pilot program are supported with 100% state funding and the other two positions are supported with 50% state and 50% federal funding. Agency officials told us federal funding was available to use because two of the ombudsmen would also serve as volunteer coordinators. The agency distributes this money as a grant which does not include stipulations on salaries of ombudsmen. The absence of salary data prevents SCDOA from ensuring ombudsmen are being paid equitably. Additionally, due to this program's recent implementation in FY 18-19, we are unable to determine whether the ombudsmen pilot program is more effective than previous practices.

Bonuses Awarded Comply With State Guidelines

We reviewed bonuses awarded to employees to determine whether the agency complied with applicable law. We found SCDOA management awarded all bonuses in compliance with guidelines issued by the S.C. Department of Administration. The guidelines are intended to be discretionary to allow managers to recognize their employees. Agency officials justified awarding bonuses with federal money based on 45 CFR 75.430(b). Agency officials explained it would be reasonable for federal law to allow for bonuses to be awarded because state law allows for bonuses to be awarded. Table 4.5 shows the bonuses awarded to SCDOA employees from FY 16-17 through FY 19-20.

**Table 4.5: SCDOA Bonuses,
FY 16-17–FY 19-20**

FISCAL YEAR	STATE FUNDS	FEDERAL FUNDS	RESTRICTIVE
16-17	\$708	0	0
17-18	\$800	\$2,400	\$1,800
18-19	\$45,594	\$24,906	0
19-20	\$5,350	\$4,650	0

Note: The results for FY 19-20 are not reflective of the entire fiscal year because the fiscal year is not yet complete.

Source: SCDOA

Following the sharp increase in the number of bonuses awarded in FY 18-19, employees filed four Freedom of Information Act requests. Additionally, one charge was filed with the State Human Affairs Commission (SHAC). The agency responded to all requests concerning the topic of bonuses within the time periods prescribed by state law. SHAC was unable to conclude, based on information obtained during the investigation, that a violation of state law had occurred.

Two employees reported they became aware they had received a bonus after checking their bank accounts. Additionally, an agency official wrote a memo stating the bonuses awarded in September 2018 were funded by a pool of federal money that, if not spent, would no longer be available to the agency. The agency official stated the unused money for bonuses was returned to the federal government and, therefore, was no longer available to be used for employee bonuses. This contradicts documentation detailing that the source of most bonus funding is from state dollars. While the agency complied with state laws and regulations when awarding bonuses, the incidents mentioned previously demonstrate areas of confusion in awarding bonuses.

Turnover Rate Among SCDOA Staff Higher Than State Average

We reviewed agency turnover and found the turnover rate fluctuated from FY 15-16 through FY 18-19. The turnover rate in FY 15-16 was approximately 35%. The highest turnover rate was approximately 42% in FY 16-17 but decreased in FY 17-18 to approximately 18%. The lowest turnover rate for the agency, over the last four fiscal years, was approximately 14% in FY18-19. The average turnover rate for state agencies in FY 18-19, excluding higher education institutions, was approximately 18%.

Overall, employee turnover has contributed, in part, to the agency's having an average employee length of service of 6.3 years. Twenty of the 41 total agency employees, excluding the former and current director, have fewer than five years of service as of December 10, 2019. SCDOA serves communities throughout the state of South Carolina via an aging network structure which includes area agencies on aging (AAAs) and providers. Building relationships within the aging network is essential for SCDOA employees to provide services effectively, further emphasizing the importance of tenure at the agency.

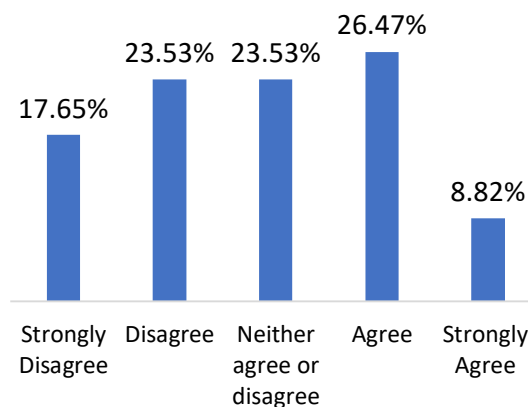
Confidentiality of Communications Between Management and Non-Management Employees

Two employees told us their concerns pertaining to confidentiality of communication involving employee personnel matters. Currently, there are no policies governing this topic in SCDOA's human resources policy manual. This omission prevents employees from understanding what personnel information will be kept confidential. As a result, employees may be hesitant to share information for fear of retribution.

Chart 4.6 shows survey results from a question posed to employees about retaliation if they reported a suspected violation of policy, procedure, or workplace rules. Approximately 35% of respondents replied they would be protected from retaliation, while another 41% disagreed and another 24% expressed no opinion one way or the other. This may result in an environment of toxicity that several employees expressed when speaking to us and further emphasizes the need for policies and procedures pertaining to confidentiality.

Chart 4.6: Response to LAC Survey Question 7

7. I would be protected from retaliation if I reported a suspected violation of policy, procedure, or workplace rules.



Source: LAC Survey of SCDOA Employees

Recommendations

85. The S.C. Department on Aging should maintain position descriptions and performance reviews as required.
86. The S.C. Department on Aging should update all current employees' position descriptions to ensure they are signed, dated, and maintained in employees' files.
87. The S.C. Department on Aging should ensure performance reviews are signed by all necessary parties at the time of evaluation.
88. The S.C. Department on Aging should ensure performance appraisals are conducted annually for each employee, as required by state regulations.
89. The S.C. Department on Aging should ensure all agency employees understand the policies and procedures surrounding the employee performance management system.
90. The S.C. Department on Aging should adopt additional checks and balances to ensure employees are rated equitably.
91. The S.C. Department on Aging should ensure that employees are paid equitably.
92. The S.C. Department on Aging should encourage equitable pay for regional ombudsmen and pilot ombudsmen.
93. The S.C. Department on Aging should create policies and procedures that address the confidentiality of communications involving employee personnel matters.

Staff Training

We reviewed training provided by SCDOA program staff and found the agency:

- Failed to require training for employees who deliver services.
- Required training only for staff working in 5 of the 16 programs the agency offers to residents of South Carolina.
- Failed to ensure that staff for whom training is required have completed all training requirements.
- Issued certification before many have completed their training.

Training Not Documented for Several Programs

SCDOA offers 16 different programs, but only 5 have required training. These programs are:

- Information, referral and assistance (IR&A).
- Transportation.
- State health insurance assistance program (SHIP).
- Long-term care ombudsmen.
- Assessment.

Program managers decide whether to require training. For the majority of program areas, AAA staff must request training in their relevant program areas.

Lack of Training Documentation for Information, Referral, and Assistance Staff

We reviewed training records for IR&A specialists and were unable to confirm that they had completed their required training. The IR&A program is established to help individuals, families, and communities identify, understand, and utilize the programs, services, and resources that are part of the human services delivery system. The IR&A program provides a system to link people in need of assistance to appropriate aging and disability resources provided regionally throughout the state. IR&A specialists are supposed to be trained professionals with the ability to understand a wide variety of community, social, health, and government services; perceive a constituent's needs; and, refer the constituent to the appropriate available resources.

Inadequate Tracking of Training for New Specialists

Agency policy dictates that new specialists must complete at least three introductory National Association of State Units on Aging (NASUA) IQ trainings and acquire certificates of completion within the year. NASUA is a national association for disabilities and long-term services. Although certificates of completion for NASUA IQ trainings are to be kept on file, SCDOA was unable to provide any upon our request. SCDOA does not track the training of new or current IR&A specialists. As a result, SCDOA cannot ensure that IR&A specialists complete the necessary training or, if they did, that they completed training within the prescribed time frame of 90 days from being hired. Despite this, the agency was able to provide documentation that some trainings and webinars are provided to IR&A specialists.

Agency Unable to Identify Backup IR&A Specialists

SCDOA is unable to identify individuals considered to be IR&A backup specialists, as well as their current training and certification status. The agency's policy manual states, "[a]ll backups for [IR&A] specialists shall receive training in aging and disability programs and complete at least four hours of additional [IR&A] training annually." We requested documentation on the completion of training for backup IR&A specialists, but SCDOA was unable to provide any documentation due to the agency's inability to identify individuals considered to be backup IR&A specialists.

The responsibility to ensure backup specialists complete their training is left to the regional AAA supervisors. Reliance on AAA supervisors does not allow SCDOA to ensure the prescribed training is completed. The agency is currently working to identify individuals who are backup specialists and has created a method to track their training.

Inability to Confirm Training for Transportation Providers Serving Passengers with Mobility Impairments

SCDOA is unable to confirm that transportation providers have been trained in using proper techniques to handle passengers with mobility impairments. The agency's policy manual states that transportation services are a priority under the Older Americans Act (OAA) and are intended to facilitate access to services essential to an older adult's ability to remain active and independent in the community. These transportation services shall be coordinated with those provided by public and private entities to ensure the sufficient provision of transportation services for older individuals.

The policy manual also states that AAAs shall ensure the providers train staff in proper techniques to handle the special needs of passengers with mobility impairments. Documentation verifying training shall be submitted to the AAA and to SCDOA upon request. SCDOA was unable to confirm that they have ever requested this documentation. Requesting this documentation would allow SCDOA to increase the probability that seniors, who rely on these services, are served by qualified personnel.

Inability to Document Training for Staff of State Health Insurance Assistance Program

SCDOA is unable to provide documentation that SHIP counselors and coordinators completed required training in 2018. SHIP is a statewide health insurance information, counseling, and assistance program administered by SCDOA with funding through the Administration for Community Living. The SHIP mission is to empower, educate, and assist Medicare-eligible individuals, their families, and caregivers through objective outreach, counseling, and training in order to make informed health insurance decisions, that optimize access to care and benefits.

The agency's policy manual states, effective July 1, 2019, required training hours for certified SHIP coordinators and counselors increased from 12 to 24 hours per year to maintain certification. SCDOA provided us with documentation for training for 2016, 2017, and 2019. No in-person training was conducted in 2018 because program officials were uncertain that the program would continue to be funded through the federal budget according to agency officials. As a result, SHIP counselors who needed training were unable to get it. We also found inadequate documentation of the completion of the required 12 hours for 2016 and 2017. In the absence of supporting documentation, SCDOA is unable to ensure all SHIP coordinators completed their annual training.

Failure to Document Training Before Certifying Long-Term Care Ombudsmen

SCDOA awarded long-term care ombudsmen certification before training was completed. There are currently 21 regional ombudsmen. The number of ombudsmen in each region is shown in Table 4.7.

Table 4.7: Number of Ombudsmen in Each Region

LOCATION	NUMBER OF OMBUDSMEN	COUNTIES
Region 1	6	Anderson, Cherokee, Greenville, Oconee, Pickens, Spartanburg
Region 2	1	Abbeville, Edgefield, Greenwood, Laurens, McCormick, Saluda
Region 3	1	Chester, Lancaster, York, Union
Region 4	3	Fairfield, Lexington, Newberry, Richland
Region 5	1	Aiken, Allendale, Bamberg, Barnwell, Calhoun, Orangeburg
Region 6	1	Clarendon, Kershaw, Lee, and Sumter
Region 7	1	Chesterfield, Darlington, Dillon, Florence, Marion, Marlboro
Region 8	2	Georgetown, Horry, Williamsburg
Region 9	3	Berkeley, Charleston, Dorchester
Region 10	2	Beaufort, Colleton, Hampton, Jasper
TOTAL	21	

Source: SCDOA

Ten of the current regional ombudsmen received certification as long-term care ombudsmen before completing their training competency checklist. One ombudsman was unable to provide a training competency checklist because documentation was not maintained by the agency. As a result, we are unable to confirm the current training status for all regional ombudsmen. Ombudsmen were providing services to constituents despite not having documentation showing they had completed the required training. Current ombudsmen certification training covers 18 different topics such as residents' rights, the investigative process, and relevant laws and regulations. A full list of training is in Appendix B. Trainers sign their initials demonstrating the employee completed the required training.

According to an agency official, there is no federal requirement for a specified time frame within which training must be completed. Despite this, the agency's policy manual requires training be reviewed and documented by the state long-term care ombudsman, who is the program's director, and the regional ombudsmen. New ombudsmen must complete the requirements of the ombudsman competency checklist, and demonstrate they are thoroughly familiar with this material prior to making any unaccompanied facility visits or before investigating any complaints.

Federal regulation 45 CFR 1324.13 pertains to the functions and responsibilities of the state long-term care ombudsman. Regulation 45 CFR 1324.13 (3)(i) prohibits any representative of the long-term care ombudsman office from executing the duties of an ombudsman unless the representative has completed the required training. In five regions, there is only one ombudsman serving individuals in long-term care facilities, a fact emphasizing the importance of ensuring that ombudsmen are thoroughly trained.

Federal regulation 45 CFR 1324.13 (2)(iii) states the director of the long-term care ombudsmen program shall specify an annual number of hours of in-service training for all representatives of the office. SCDOA was unable to provide documentation of the number of hours required for in-service training. An agency official stated the in-service training requirement is 30 hours and is common knowledge for all ombudsmen. Therefore, it was never codified into policy. Federal regulations do not specifically require hours of annual in-service training to be written into policy. Written policies strengthen accountability, allow employees to refer to them, and ensure they are completing the required number of in-service hours.

Failure to Document Training for Assessment Program Staff

The agency is unable to provide documentation that new assessors have completed training within the time frame prescribed in policy. Assessments are conducted in each region over the phone or in-person for the purpose of identifying clients' needs in order to provide OAA services. The policy manual states that persons hired for the assessor positions shall have 90 days from the date of hire to complete the official SCDOA assessment training.

Currently, agency officials are unable to provide documentation tracking the time frame of the completion of training for new assessors. The agency stated some assessors reside in rural areas, a circumstance which does not always allow for the opportunity to provide assessment training within the prescribed 90-day time frame. As a result, individuals may be receiving services from an assessor who has not yet completed SCDOA assessment training, thus lowering the quality of service provided.

Recommendations

94. The S.C. Department on Aging should determine which programs should have required training in order to determine if training is necessary. If so, the S.C. Department on Aging should dictate the necessary curriculum.
95. The S.C. Department on Aging should maintain documentation that information, referral, and assistance training was completed.
96. The S.C. Department on Aging should ensure it identifies backup information, referral, and assistance specialists.
97. The S.C. Department on Aging should create a method of tracking training completion and certification status of backup information, referral, and assistance specialists.
98. The S.C. Department on Aging should document that providers train transportation staff in proper techniques to handle passengers with mobility impairments.
99. The S.C. Department on Aging should reevaluate the current method of tracking the completion of training and implement a more effective system that incorporates regional state health insurance assistance program coordinators and counselors and requires them to submit supporting documentation on the completion of training.
100. The S.C. Department on Aging should ensure that any newly hired long-term care ombudsmen complete the ombudsman competency checklist before receiving their certification.
101. The S.C. Department on Aging should ensure that all long-term care ombudsmen who are currently certified have completed all training requirements.
102. The S.C. Department on Aging should formalize in agency policy the number of annual training hours for long-term care ombudsmen.
103. The S.C. Department on Aging should find alternative training opportunities for assessors in rural areas who do not have the opportunity to complete their agency assessment training within 90 days.

Contract Management

We reviewed training and consulting contracts, legal services contracts, and documentation on information technology (IT) contracts for the period from 2014–2019 and found that SCDOA:

- Has no central depository for contracts to ensure and document fulfillment of contract deliverables.
- Had four personal services contracts from 2014–2019, for which we found no documentation that the agency considered alternative providers, and in only one case did we find justification for a sole source procurement.
- Had no documentation for contracted deliverables for three personal service contracts.
- Has not completed work in replacing its AIM system almost four years after having been funded by the General Assembly.

No Central Depository

We requested a list of all contracts with outside vendors and any memorandas of understanding and agreement between SCDOA and other state and federal agencies for personal service from 2014–2020.

In requesting contracts, we found that we had to make requests from multiple individuals. In January 2020, SCDOA released its Fiscal Policies and Procedures manual which states that the Finance Director will retain copies of all contracts.

Personal Services Contracts

We requested all relevant documentation for personal services contracts so we could determine if the agency had documentation of bid solicitations, written justifications for targeting just one provider, or had evidence of deliverables. All contracts and supporting documents were prepared when the agency operated as an office under the Lieutenant Governor.

We identified four personal services contracts:

- One to provide marketing campaign services for evidenced-based programs.
- Two with the same individual, which ran consecutively, to provide “advice and counsel... concerning... intergovernmental relations, public/private partnerships, resource management/allocation, and efficiency initiatives...”
- One to create a training program for assessment services.

Expenditures for all four contracts totaled \$195,516.67. In three cases the agency could not provide any documentation supporting its reliance on a single service provider. In three cases the agency had no documentary evidence of the services provided.

S.C. Code §11-35-1560 states that a contract may be awarded for a service or information technology without competition, if the chief procurement officer, the head of the purchasing agency, or a designee, determines in writing that there is only one source for the required service or information technology.

In only one case did we find written justification for a sole source procurement. In the absence of documentation, we could not determine, for all contracts, that the agency had complied with state procurement law and that the agency had received the services to be provided.

Information Technology Services

We identified ten system applications supporting administrative activities and aging programs used by SCDOA. We requested a list of all contracts with outside vendors for IT products and services. SCDOA responded with a list of 22 IT services.

Among the contracts are those associated with the Ombudsman Management System and AIM. SCDOA completed its upgrade of the Ombudsman Management System.

We requested documentation of the status of the agency's efforts to upgrade its AIM system. AIM is the system used to track client services and data which is used in reimbursing service providers. The agency has recognized the need to replace this system and in 2016, the General Assembly appropriated \$824,650 in capital reserve funds for information system upgrades for the Office on Aging, of which \$750,000 is to be used to replace the AIM system. After almost four years, SCDOA is proceeding with the procurement process, having solicited requests for qualifications during our review in December 2019 to assist in developing specifications for a system to replace AIM.

Legal Services

SCDOA maintains a contract with a private law firm to provide legal counsel. We requested all contracts for legal services from outside the agency since 2014. We received documentation for two years—FY 18-19 and FY 19-20. The documentation indicates that the contracts were approved by the Attorney General.

The attorney responds to inquiries by the agency on employment matters. According to SCDOA, invoices include the date of service, a description of the service rendered, the rate per hour, and the invoiced amount. An agency official affirmed that the work was done before referring invoices to the director for approval and then to accounts payable for payment. According to SCDOA, in FY 18-19, the agency paid \$12,752 and since July 1, 2019, has spent \$15,317 in attorney's fees for legal services. We asked about the process for taking a matter to outside legal counsel. According to SCDOA, the agency's human resources director, in conjunction with division heads, decide whether an employment matter necessitates the need for legal assistance; and in those cases, the matter is taken to the agency director who authorizes the referral.

Recommendations

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104. The S.C. Department on Aging should have a contract manager responsible for maintaining contracts, documenting compliance with state procurement law, and documenting its receipt of products and services.
 105. The S.C. Department on Aging should ensure that documentation substantiating its need to procure services from only one provider should be completed prior to entering into the contract and maintained by a contract manager.
 106. The S.C. Department on Aging should complete the application development process for replacing its AIM System.

Communication Problems within SCDOA

We reviewed communication practices within the S.C. Department on Aging (SCDOA), throughout the aging network, and the public to determine if the agency is transparent and responsive in providing timely and accurate information. We found problems with the agency's website, potential violations of the Freedom of Information Act (FOIA), and communication issues involving the long-term care ombudsman program.

Improvements Needed to Website Information

SCDOA's website contains dated information and fails to include useful content. We found information that could be added to improve user access to information about the agency and aging services. Dated and missing information is irrelevant to users and may also cause them to question the reliability of the website.

Dated and Missing Content From Website

SCDOA's website contained outdated information. For example, client demographic data provided on the agency's "Data" webpage dates from 2011–2013. Also, the most recent version of the area plans for the area agencies on aging (AAA) were from the previous planning period: 2014–2017.

SCDOA also failed to publish information required by statute, agency policy, and information that SCDOA had intended to be published on the agency's website. For example, S.C. Code §44-36-320(7) requires the agency to publish the annual Alzheimer's Disease and Related Disorders Resource Coordination Center report on its website but this could not be located. Also, the agency's policy manual states that the terms and conditions of the multi-grant notice of grant award is posted on its website so each AAA can adhere to its requirements. This information could not be located. There was also a section under the agency's "Reports and Plans" webpage that included a heading for emergency preparedness plans but no plans were listed. There was even an instance in which a link from SCDOA's webpage redirected a user to a separate web address that denied user access.

User Access Improvements

We found several areas in which the agency could update its website to improve user access. For example, the agency's "About" webpage provides a one-sentence note about FOIA that redirects to a document that explains the FOIA process, including the mail and email addresses necessary to make a request.

While the information is correct, it would also be helpful to redirect a user to an online FOIA-request form, allowing the user to initiate a FOIA request rather than simply directing them to a page with instructions on how to make such a request.

Additional information would also be useful on SCDOA's long-term care ombudsman (LTCO) webpage. Federal law requires that LTCO's annual report be made available to the public, although it does not specifically require its posting on a website. Posting this report on SCDOA's website would make this report publicly available and readily accessible.

SCDOA's website does not include information about and a referral link to the S.C Department of Social Services adult protective services' (DSS APS) website, which, like the LTCO program, investigates elder abuse but in different settings. The current structure for reporting these allegations in South Carolina is complex. To make a report, an individual must consider where the alleged event occurred and whether the nature of the allegation was criminal or non-criminal. Including information that differentiated the investigations conducted by LTCO and DSS APS, as well as a referral link to DSS' "Report Abuse" webpage—similar to what is already provided on SCDOA's Vulnerable Adult Guardian ad Litem webpage—the agency would not only improve user access to SCDOA services, but to other services in state government. This may also improve protection of the elderly.

Recommendations

107. The S.C. Department on Aging should ensure information provided on its website is current.
108. The S.C. Department on Aging should ensure information required by state law and agency policy are included on its website.
109. The S.C. Department on Aging should ensure it posts content and/or links under webpage topic headings.
110. The S.C. Department on Aging should ensure links on its website direct users to webpages that allow users access.
111. The S.C. Department on Aging should develop an online Freedom of Information Act request form to improve access to public information.
112. The S.C. Department on Aging should add the annual long-term care ombudsman report to its website to improve its accessibility to the public.
113. The S.C. Department on Aging's long-term care ombudsman webpage should include information that differentiates its investigations from those conducted by the S.C. Department of Social Services' adult protective services program.
114. The S.C. Department on Aging's long-term care ombudsman webpage should include a referral link to the S.C. Department of Social Services' adult protective services' "Report Abuse" webpage to improve accessibility to the appropriate government services.

Meeting Minutes Not Recorded

SCDOA likely violated state law by not publicizing or opening to the public its meetings with AAA directors. Additionally, with the exception of 2 of its 25 meetings, the content of these meetings has not been formally recorded in meeting minutes. By not adhering to FOIA's transparency requirements for these meetings, the agency has limited the public's participation and access to information to which they may be entitled.

Overview of SCDOA's Meetings with AAA Directors

On a monthly basis, SCDOA and the directors of the AAAs meet to hold open discussions about topics of interest. From calendar years 2017–2019, they met on 25 occasions. In 2019, agenda topics for these meetings included changes to various agency programs, program waivers, and budget areas such as contracts, carry forward, and employee compensation.

SCDOA regards the AAAs as regional offices and the meetings between the two entities as staff meetings and training sessions. SCDOA does not regard these meetings as public meetings under FOIA. Therefore, these meetings have never been announced or open to the public. With the exception of two meetings between calendar years 2017–2019, the content of the meetings has never been formally recorded.

Freedom of Information Act Definitions and Requirements

The following sections provide an overview of FOIA's definitions of a public body and a public meeting as well as the legal requirements for public bodies that hold public meetings.

Definition of a Public Body

S.C. Code §30-4-20, defines a public body, in part, as any public or governmental body or political subdivision of the state:

...supported in whole or in part by public funds or
expending public funds, including committees,
subcommittees, advisory committees, and the like of
any such body by whatever name known...

Meetings between SCDOA and the AAA directors comprise a committee of individuals. According to an agency official, SCDOA uses these meetings to listen to the AAAs and will discuss topics introduced by them at a later time. At a minimum, the committee members have an advisory power to SCDOA. Furthermore, SCDOA and the AAAs primarily expend public funds. As such, the meetings between SCDOA and the AAA directors appear to satisfy all the elements in the definition of a public body.

Definition of a Meeting

Additionally, S.C. Code §30-4-20(d) defines a meeting as the:

...convening of a quorum of the constituent membership of a public body, whether corporal or by means of electronic equipment, to discuss or act upon a matter over which the public body has supervision, control, jurisdiction or advisory power.

As described by SCDOA, the constituent membership of SCDOA's meetings with AAA directors includes an SCDOA official, who chairs the meetings, and the directors of each of the ten AAAs. The definition also requires the public body to have supervision, control, jurisdiction, or advisory power. As stated above, the committee serves in an advisory capacity to SCDOA. The convening of SCDOA and the AAA directors appear to satisfy the legal requirements of a meeting.

Legal Requirements for Meetings of Public Bodies

S.C. Code §30-4-60 states that every meeting of all public bodies must be open to the public with certain exceptions, such as the discussion of employment matters.

S.C. Code §30-4-80 states that public bodies must give written public notice of their regular meetings at the beginning of each calendar year, including dates, times, and locations. Additionally, the agenda for regularly scheduled and special meetings must be posted in a publicly accessible place and on a public website maintained by the body, at least 24 hours in advance.

S.C. Code §30-4-90 requires that all public bodies keep written minutes of all their public meetings including the date, time, and place of the meeting; the members present; and substance of all matters discussed and decided.

Agency Practice

According to an agency official, it is SCDOA's practice not to record the minutes of its meetings with the AAA directors, which would include votes, if any, that were taken. Rather, meeting notes are generally recorded individually by participants.

SCDOA, however, did operate against its standard practice by recording minutes for 2 of its 25 meetings from calendar years 2017–2019. In one set of these recorded minutes, there was a discussion on recording the minutes of its meetings, concluding with SCDOA's agreement to prepare and distribute these. In the two sets of recorded minutes provided, there is discussion of agency-related legislative bills, data entry issues, and service monitoring.

Based on our inquiries, SCDOA obtained an S.C. Attorney General's opinion as to whether its meetings with the AAA directors constitute a meeting, as defined in FOIA. The opinion noted that SCDOA is a public body, the AAAs are likely public bodies, and the meetings between the two would likely be considered meetings under FOIA. Therefore, the legal requirements for public notice, that minutes be recorded, and that meetings be open to the public would apply.

Recommendation

115. The S.C. Department on Aging should ensure that it publicizes and allows public access to its meetings with the directors of the area agencies on aging, and records, in written format, the content of these meetings.

Adequacy of FOIA Time Limits and Information Disclosed

We reviewed requests to SCDOA pursuant to FOIA from calendar years 2017–2019 and found that the agency responded to the majority of these requests within the time limits prescribed by state law.

We found, however, that for a quarter of the agency’s FOIA requests—all of which were for records from the long-term care ombudsman program—SCDOA either violated FOIA by not providing records it was legally required to provide or provided responses to requestors that conflicted with the transparency intended by FOIA.

Specifically, SCDOA denied requestors some or all of the documentation requested, citing one or more reasons, which, in full or in part, conflicted with the agency’s response to us that the information could not be located. Since we were not permitted unfettered access to long-term care ombudsman records, we were unable to verify independently that these records indeed did not exist (see *Scope Impairment*).

Time Limits Met

From calendar years 2017–2019, SCDOA received 20 FOIA requests. With the exception of two, all of these were addressed within the legal time limits established in FOIA. For the remaining two, no documentation, other than the request itself, was provided, and the staff responsible for those responses were no longer employed with the agency. Therefore, we were unable to obtain additional information.

Disclosure Denied for a Legitimate Request

SCDOA violated state law when the agency denied a request for information regarding long-term care ombudsman case files. S.C Code §30-4-40(a)(4) states, “a public body may but is not required to exempt from disclosure...matters specifically exempted from disclosure by statute or law.”

The Older Americans Act (OAA), which primarily governs the long-term care ombudsman program, prohibits the disclosure of the identity of the complainant or resident, except under certain circumstances. One such circumstance, as authorized in §712(d)(2)(B)(i) of the OAA, is when, “the complainant or resident, or the legal representative of the complainant or resident, consents to the disclosure and the consent is given in writing.”

SCDOA initially denied a request that contained written consent from the resident's legal representative to disclose his/her records to the requestor. The records were only later provided after the requestor issued a subpoena for the information. SCDOA could not provide a reason as to why it denied the request. Denying members of the public information they have requested and to which they are legally entitled violates the transparency intended by FIOA and may reduce public trust in the government.

Conflicting Information Cited for Denied Requests

SCDOA responded to 4 of its 20 FOIA requests, citing either multiple reasons or a reason that later conflicted with what was given to us. All of these were for records maintained by the long-term care ombudsman program.

For the four requests, SCDOA's letter to requestors stated that records could not be provided for one or more reasons:

- The records requested were beyond the scope of the agency's three-year retention schedule.
- The records could not be located.
- The records were exempt.

It should be noted that for each of these requests, the requestor included written consent from the resident or legal representative; therefore, these records should not have been exempt from disclosure for the exemption reason.

We asked the agency why these records were not provided and were told that the agency did not have any records, a response which conflicted in whole or in part with the reasons provided to the requestors. We were also unable to verify this claim since we were not allowed unfettered access to long-term care ombudsman records. If we (LAC) had the authority to issue subpoenas, we likely would have been able to verify the veracity of this claim, as §712(d)(2)(B)(iii) of the OAA states that the disclosure of the identity of the complainant or resident is prohibited "unless the disclosure is required by court order."

We also asked why the agency included multiple reasons in its response to the requestor when only one was relevant, but we did not receive a consistent response from agency officials.

For one of the four requests, the agency informed us that it did not have any records, except photos provided by the requestor's family. The agency provided documentation of its search, which indicated that there were, in fact, records that could have been produced, including the complaint, ombudsman observations, a memo, and photos submitted by the complainant, who was not a member of the requestor's family.

Recommendations

116. The S.C. Department on Aging should comply with state law that requires the disclosure of information to the public when requests satisfy legal requirements.
 117. The General Assembly should amend state law to grant subpoena authority to the S.C. Legislative Audit Council for the purpose of conducting audits.
-

Communication Issues With the Long-Term Care Ombudsman Program

During our review, SCDOA staff and other state agencies expressed issues in communicating with the long-term care ombudsman program. We also experienced these issues during our audit, several of which are noted within the report. Adequate communication is essential for developing and maintaining relationships and is particularly necessary for the long-term care ombudsman program, which is involved in the complex and, at times, unclear structure of investigating elder abuse.

Recommendation

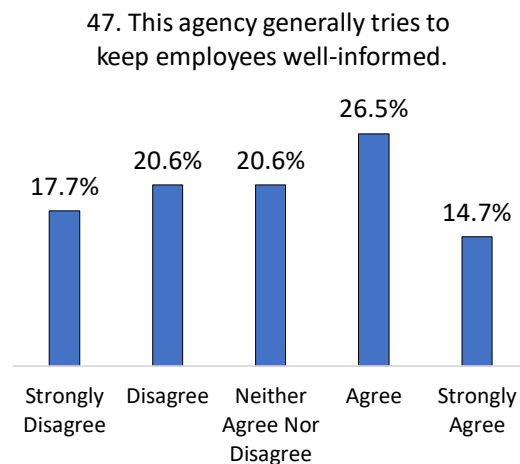
118. The S.C. Department on Aging should ensure the long-term care ombudsman program practices adequate communication with internal and external stakeholders.

Policy Changes Not Communicated in Written Format

SCDOA does not provide written communication regarding policy changes to staff. We attempted to review leadership's communication with staff regarding such changes for calendar years 2017–2019 to determine the effectiveness of the agency's communication. According to an agency official, such communications are relayed verbally at staff meetings and are not documented. The agency provided one exception in the three-year period in which leadership relayed a change via email regarding acknowledgment of the agency's updated policy manual.

Based on an employee survey we conducted, 38% of respondents either disagreed or strongly disagreed with the statement that the agency generally tries to keep employees well-informed. Chart 5.1 shows the distribution of employee responses to this question.

**Chart 5.1: Response to
LAC Survey Question 47**



Source: LAC Survey of SCDOA Employees

Relying on verbal communication to relay information as important as policy change may cause miscommunication about the intended changes. Written communication would provide a better format for these types of changes.

Recommendation

119. The S.C. Department on Aging should ensure information regarding policy change is communicated to staff formally, in written format.

LAC Survey Results

1. The management of this agency demonstrates high ethical standards.		
Answer Choices	Responses	Count
Strongly disagree	20.59%	7
Disagree	8.82%	3
Neither agree nor disagree	14.71%	5
Agree	29.41%	10
Strongly agree	26.47%	9
answered question		34
skipped question		0

2. The management of this agency strives to comply with laws and regulations affecting the agency.		
Answer Choices	Responses	Count
Strongly disagree	17.65%	6
Disagree	8.82%	3
Neither agree nor disagree	8.82%	3
Agree	23.53%	8
Strongly agree	41.18%	14
answered question		34
skipped question		0

3. Management sometimes overrides agency policies, procedures, and workplace rules.		
Answer Choices	Responses	Count
Strongly disagree	11.76%	4
Disagree	29.41%	10
Neither agree nor disagree	17.65%	6
Agree	17.65%	6
Strongly Agree	23.53%	8
answered question		34
skipped question		0

4. Employees in my division or work unit have the knowledge, skills, and training to perform their jobs adequately.		
Answer Choices	Responses	Count
Strongly disagree	8.82%	3
Disagree	11.76%	4
Neither agree nor disagree	2.94%	1
Agree	32.35%	11
Strongly agree	44.12%	15
answered question		34
skipped question		0

5. I feel comfortable going to my direct supervisor with problems or questions.		
Answer Choices	Responses	Count
Strongly disagree	14.71%	5
Disagree	17.65%	6
Neither agree nor disagree	2.94%	1
Agree	17.65%	6
Strongly agree	47.06%	16
answered question		34
skipped question		0

6. Management would take appropriate action if policy, procedure, or workplace rules violations were detected.		
Answer Choices	Responses	Count
Strongly disagree	17.65%	6
Disagree	11.76%	4
Neither agree nor disagree	14.71%	5
Agree	32.35%	11
Strongly agree	23.53%	8
answered question		34
skipped question		0

7. I would be protected from retaliation if I reported a suspected violation of policy, procedure, or workplace rules.		
Answer Choices	Responses	Count
Strongly disagree	17.65%	6
Disagree	23.53%	8
Neither agree nor disagree	23.53%	8
Agree	26.47%	9
Strongly agree	8.82%	3
answered question		34
skipped question		0

8. Employees are treated fairly and justly.		
Answer Choices	Responses	Count
Strongly disagree	32.35%	11
Disagree	5.88%	2
Neither agree nor disagree	23.53%	8
Agree	23.53%	8
Strongly agree	14.71%	5
answered question		34
skipped question		0

9. Agency management will not tolerate unethical behavior.		
Answer Choices	Responses	Count
Strongly disagree	14.71%	5
Disagree	11.76%	4
Neither agree nor disagree	17.65%	6
Agree	29.41%	10
Strongly agree	26.47%	9
answered question		34
skipped question		0

10. Agency employees are held accountable for their actions.		
Answer Choices	Responses	Count
Strongly disagree	17.65%	6
Disagree	20.59%	7
Neither agree nor disagree	23.53%	8
Agree	20.59%	7
Strongly agree	17.65%	6
answered question		34
skipped question		0

11. There is a spirit of teamwork in this agency.		
Answer Choices	Responses	Count
Strongly disagree	29.41%	10
Disagree	23.53%	8
Neither agree nor disagree	20.59%	7
Agree	11.76%	4
Strongly agree	14.71%	5
answered question		34
skipped question		0

12. The management of this agency pays careful attention to employee suggestions.		
Answer Choices	Responses	Count
Strongly disagree	23.53%	8
Disagree	11.76%	4
Neither agree nor disagree	26.47%	9
Agree	26.47%	9
Strongly agree	11.76%	4
answered question		34
skipped question		0

13. I can trust what management tells me.		
Answer Choices	Responses	Count
Strongly disagree	26.47%	9
Disagree	11.76%	4
Neither agree nor disagree	17.65%	6
Agree	29.41%	10
Strongly agree	14.71%	5
answered question		34
skipped question		0

14. This agency is committed to diversity.		
Answer Choices	Responses	Count
Strongly disagree	5.88%	2
Disagree	8.82%	3
Neither agree nor disagree	23.53%	8
Agree	29.41%	10
Strongly agree	32.35%	11
answered question		34
skipped question		0

15. This agency seeks different perspectives in decision-making and problem solving.		
Answer Choices	Responses	Count
Strongly disagree	26.47%	9
Disagree	14.71%	5
Neither agree nor disagree	32.35%	11
Agree	8.82%	3
Strongly agree	17.65%	6
answered question		34
skipped question		0

16. This agency respects individuals and values their differences.		
Answer Choices	Responses	Count
Strongly disagree	17.65%	6
Disagree	11.76%	4
Neither agree nor disagree	23.53%	8
Agree	32.35%	11
Strongly agree	14.71%	5
answered question		34
skipped question		0

17. This agency is free of "back-biting," talking maliciously behind someone's back.		
Answer Choices	Responses	Count
Strongly disagree	52.94%	18
Disagree	20.59%	7
Neither agree nor disagree	11.76%	4
Agree	14.71%	5
Strongly agree	0.00%	0
answered question		34
skipped question		0

18. This agency provides equal opportunities for training and professional development.		
Answer Choices	Responses	Count
Strongly disagree	23.53%	8
Disagree	11.76%	4
Neither agree nor disagree	8.82%	3
Agree	35.29%	12
Strongly agree	20.59%	7
answered question		34
skipped question		0

19. I feel respected and valued.		
Answer Choices	Responses	Count
Strongly disagree	17.65%	6
Disagree	14.71%	5
Neither agree nor disagree	14.71%	5
Agree	26.47%	9
Strongly agree	26.47%	9
answered question		34
skipped question		0

20. This agency encourages employees to participate in training and professional development.		
Answer Choices	Responses	Count
Strongly disagree	11.76%	4
Disagree	5.88%	2
Neither agree nor disagree	14.71%	5
Agree	41.18%	14
Strongly agree	26.47%	9
answered question		34
skipped question		0

21. Agency employees are held accountable for producing quality work.		
Answer Choices	Responses	Count
Strongly disagree	8.82%	3
Disagree	20.59%	7
Neither agree nor disagree	17.65%	6
Agree	29.41%	10
Strongly agree	23.53%	8
answered question		34
skipped question		0

22. Opportunities for growth and advancement in this agency are based primarily on merit.		
Answer Choices	Responses	Count
Strongly disagree	32.35%	11
Disagree	14.71%	5
Neither agree nor disagree	23.53%	8
Agree	20.59%	7
Strongly agree	8.82%	3
answered question		34
skipped question		0

23. Employees of this agency care enough to help one another.		
Answer Choices	Responses	Count
Strongly disagree	8.82%	3
Disagree	14.71%	5
Neither agree nor disagree	29.41%	10
Agree	32.35%	11
Strongly agree	14.71%	5
answered question		34
skipped question		0

24. I am proud to be an employee of this agency.		
Answer Choices	Responses	Count
Strongly disagree	2.94%	1
Disagree	20.59%	7
Neither agree nor disagree	17.65%	6
Agree	26.47%	9
Strongly agree	32.35%	11
answered question		34
skipped question		0

25. People in this agency demonstrate a strong commitment to achieving performance goals.		
Answer Choices	Responses	Count
Strongly disagree	5.88%	2
Disagree	20.59%	7
Neither agree nor disagree	32.35%	11
Agree	20.59%	7
Strongly agree	20.59%	7
answered question		34
skipped question		0

26. I feel that I can influence decisions that affect my job.		
Answer Choices	Responses	Count
Strongly disagree	8.82%	3
Disagree	23.53%	8
Neither agree nor disagree	14.71%	5
Agree	44.12%	15
Strongly agree	8.82%	3
answered question		34
skipped question		0

27. This agency is free of racial discrimination.		
Answer Choices	Responses	Count
Strongly disagree	14.71%	5
Disagree	11.76%	4
Neither agree nor disagree	20.59%	7
Agree	29.41%	10
Strongly agree	23.53%	8
answered question		34
skipped question		0

28. This agency is free of age discrimination.		
Answer Choices	Responses	Count
Strongly disagree	2.94%	1
Disagree	11.76%	4
Neither agree nor disagree	23.53%	8
Agree	38.24%	13
Strongly agree	23.53%	8
answered question		34
skipped question		0

29. This agency is free of gender discrimination.		
Answer Choices	Responses	Count
Strongly disagree	11.76%	4
Disagree	17.65%	6
Neither agree nor disagree	20.59%	7
Agree	29.41%	10
Strongly agree	20.59%	7
answered question		34
skipped question		0

30. Disciplinary procedures are fair and consistent.		
Answer Choices	Responses	Count
Strongly disagree	29.41%	10
Disagree	11.76%	4
Neither agree nor disagree	41.18%	14
Agree	8.82%	3
Strongly agree	8.82%	3
answered question		34
skipped question		0

31. There is a positive team spirit in this agency.		
Answer Choices	Responses	Count
Strongly disagree	23.53%	8
Disagree	26.47%	9
Neither agree nor disagree	29.41%	10
Agree	8.82%	3
Strongly agree	11.76%	4
answered question		34
skipped question		0

32. I look forward to coming to work each day.		
Answer Choices	Responses	Count
Strongly disagree	8.82%	3
Disagree	8.82%	3
Neither agree nor disagree	20.59%	7
Agree	32.35%	11
Strongly agree	29.41%	10
answered question		34
skipped question		0

33. Employees in this agency respect agency management.		
Answer Choices	Responses	Count
Strongly disagree	26.47%	9
Disagree	32.35%	11
Neither agree nor disagree	14.71%	5
Agree	17.65%	6
Strongly agree	8.82%	3
answered question		34
skipped question		0

34. Agency leadership, including managers and supervisors, respect the employees of this agency.		
Answer Choices	Responses	Count
Strongly disagree	20.59%	7
Disagree	11.76%	4
Neither agree nor disagree	26.47%	9
Agree	29.41%	10
Strongly agree	11.76%	4
answered question		34
skipped question		0

35. Agency policies and procedures allow me to do my job effectively.		
Answer Choices	Responses	Count
Strongly disagree	14.71%	5
Disagree	2.94%	1
Neither agree nor disagree	20.59%	7
Agree	38.24%	13
Strongly agree	23.53%	8
answered question		34
skipped question		0

36. I understand workplace policies and rules and have an effective resource for obtaining clarification of policies when needed.		
Answer Choices	Responses	Count
Strongly disagree	8.82%	3
Disagree	8.82%	3
Neither agree nor disagree	14.71%	5
Agree	35.29%	12
Strongly agree	32.35%	11
answered question		34
skipped question		0

37. The policies and procedures I use in my work are up-to-date.		
Answer Choices	Responses	Count
Strongly disagree	14.71%	5
Disagree	2.94%	1
Neither agree nor disagree	8.82%	3
Agree	50.00%	17
Strongly agree	23.53%	8
answered question		34
skipped question		0

38. This agency's policies and procedures are reasonable.		
Answer Choices	Responses	Count
Strongly disagree	0.00%	0
Disagree	2.94%	1
Neither agree nor disagree	29.41%	10
Agree	50.00%	17
Strongly agree	17.65%	6
answered question		34
skipped question		0

39. Human resource policies in this agency are administered consistently.		
Answer Choices	Responses	Count
Strongly disagree	20.59%	7
Disagree	17.65%	6
Neither agree nor disagree	17.65%	6
Agree	32.35%	11
Strongly agree	11.76%	4
answered question		34
skipped question		0

40. Our information systems provide management with timely reports on my division or work unit's performance.		
Answer Choices	Responses	Count
Strongly disagree	14.71%	5
Disagree	11.76%	4
Neither agree nor disagree	29.41%	10
Agree	26.47%	9
Strongly agree	17.65%	6
answered question		34
skipped question		0

41. The interaction between senior management and my work unit enables me to do my job effectively.		
Answer Choices	Responses	Count
Strongly disagree	14.71%	5
Disagree	8.82%	3
Neither agree nor disagree	17.65%	6
Agree	44.12%	15
Strongly agree	14.71%	5
answered question		34
skipped question		0

42. The communication across divisions or work units in this agency enables everyone to do their work effectively.		
Answer Choices	Responses	Count
Strongly disagree	29.41%	10
Disagree	20.59%	7
Neither agree nor disagree	20.59%	7
Agree	17.65%	6
Strongly agree	11.76%	4
answered question		34
skipped question		0

43. I get regular updates from my supervisor or agency management on the direction of the agency and how the agency is doing.		
Answer Choices	Responses	Count
Strongly disagree	23.53%	8
Disagree	17.65%	6
Neither agree nor disagree	8.82%	3
Agree	29.41%	10
Strongly agree	20.59%	7
answered question		34
skipped question		0

44. Employees in this agency are not limited to the formal chain of command in communicating with people throughout the agency.		
Answer Choices	Responses	Count
Strongly disagree	11.76%	4
Disagree	5.88%	2
Neither agree nor disagree	32.35%	11
Agree	38.24%	13
Strongly agree	11.76%	4
answered question		34
skipped question		0

45. Information is widely shared so that those who make decisions have access to the information they need.		
Answer Choices	Responses	Count
Strongly disagree	23.53%	8
Disagree	23.53%	8
Neither agree nor disagree	29.41%	10
Agree	14.71%	5
Strongly agree	8.82%	3
answered question		34
skipped question		0

46. In this agency, communication is a two-way street. Management listens as well as talks.		
Answer Choices	Responses	Count
Strongly disagree	29.41%	10
Disagree	5.88%	2
Neither agree nor disagree	23.53%	8
Agree	32.35%	11
Strongly agree	8.82%	3
answered question		34
skipped question		0

47. This agency generally tries to keep employees well-informed.		
Answer Choices	Responses	Count
Strongly disagree	17.65%	6
Disagree	20.59%	7
Neither agree nor disagree	20.59%	7
Agree	26.47%	9
Strongly agree	14.71%	5
answered question		34
skipped question		0

48. I am familiar with how to report violations of law or policy.		
Answer Choices	Responses	Count
Strongly disagree	5.88%	2
Disagree	11.76%	4
Neither agree nor disagree	11.76%	4
Agree	47.06%	16
Strongly agree	23.53%	8
answered question		34
skipped question		0

49. The mission, purpose, and vision of this agency have been adequately communicated to everyone in the agency.		
Answer Choices	Responses	Count
Strongly disagree	17.65%	6
Disagree	8.82%	3
Neither agree nor disagree	14.71%	5
Agree	23.53%	8
Strongly agree	35.29%	12
answered question		34
skipped question		0

50. New employees are provided the training necessary to perform their jobs.		
Answer Choices	Responses	Count
Strongly disagree	14.71%	5
Disagree	29.41%	10
Neither agree nor disagree	17.65%	6
Agree	14.71%	5
Strongly agree	23.53%	8
answered question		34
skipped question		0

51. I have sufficient information to do my job.		
Answer Choices	Responses	Count
Strongly disagree	11.76%	4
Disagree	5.88%	2
Neither agree nor disagree	5.88%	2
Agree	41.18%	14
Strongly agree	35.29%	12
answered question		34
skipped question		0

52. My responsibilities are clear to me.		
Answer Choices	Responses	Count
Strongly disagree	5.88%	2
Disagree	8.82%	3
Neither agree nor disagree	11.76%	4
Agree	29.41%	10
Strongly agree	44.12%	15
answered question		34
skipped question		0

53. My direct supervisor provides clear goals for me to work toward in my work.		
Answer Choices	Responses	Count
Strongly disagree	17.65%	6
Disagree	14.71%	5
Neither agree nor disagree	8.82%	3
Agree	23.53%	8
Strongly agree	35.29%	12
answered question		34
skipped question		0

54. I get helpful feedback from my supervisor on a regular basis.		
Answer Choices	Responses	Count
Strongly disagree	17.65%	6
Disagree	11.76%	4
Neither agree nor disagree	17.65%	6
Agree	20.59%	7
Strongly agree	32.35%	11
answered question		34
skipped question		0

55. My salary is fair and competitive.		
Answer Choices	Responses	Count
Strongly disagree	23.53%	8
Disagree	26.47%	9
Neither agree nor disagree	14.71%	5
Agree	26.47%	9
Strongly agree	8.82%	3
answered question		34
skipped question		0

56. Throughout the year, I get timely feedback from my supervisor about the specific work I perform.		
Answer Choices	Responses	Count
Strongly disagree	20.59%	7
Disagree	8.82%	3
Neither agree nor disagree	8.82%	3
Agree	35.29%	12
Strongly agree	26.47%	9
answered question		34
skipped question		0

57. My job description is an accurate reflection of the duties I perform and my overall work responsibilities.		
Answer Choices	Responses	Count
Strongly disagree	11.76%	4
Disagree	17.65%	6
Neither agree nor disagree	11.76%	4
Agree	32.35%	11
Strongly agree	26.47%	9
answered question		34
skipped question		0

58. The performance appraisal process accurately measures my job performance.		
Answer Choices	Responses	Count
Strongly disagree	20.59%	7
Disagree	8.82%	3
Neither agree nor disagree	35.29%	12
Agree	17.65%	6
Strongly agree	17.65%	6
answered question		34
skipped question		0

59. I would like more direct contact with my supervisor.		
Answer Choices	Responses	Count
Strongly disagree	8.82%	3
Disagree	17.65%	6
Neither agree nor disagree	50.00%	17
Agree	14.71%	5
Strongly agree	8.82%	3
answered question		34
skipped question		0

60. Mechanisms and incentives are in place for me to make recommendations for improving the agency.		
Answer Choices	Responses	Count
Strongly disagree	17.65%	6
Disagree	23.53%	8
Neither agree nor disagree	23.53%	8
Agree	29.41%	10
Strongly agree	5.88%	2
answered question		34
skipped question		0

61. The present organizational structure contributes to the effectiveness of the agency.		
Answer Choices	Responses	Count
Strongly disagree	20.59%	7
Disagree	17.65%	6
Neither agree nor disagree	14.71%	5
Agree	38.24%	13
Strongly agree	8.82%	3
answered question		34
skipped question		0

62. How long have you worked in this agency?		
Answer Choices	Responses	Count
Less than 1 year	20.59%	7
More than 1 year but less than 3 years	14.71%	5
More than 3 years but less than 5 years	14.71%	5
Over five years	50.00%	17
answered question		34
skipped question		0

63. Would your employment position and your responsibilities in this agency qualify you as agency management?		
Answer Choices	Responses	Count
Yes	38.24%	13
No	61.76%	21
answered question		34
skipped question		0

64. Please take this opportunity to add any comment you choose.		
Answer Choices	Count	
Open-Ended Responses Only	24	
answered question		24
skipped question		10

Long-Term Care Ombudsman Training Topics

TRAINING	CREDIT HOURS
1. Long-term care ombudsman program	N/A
1a. History of role of ombudsman	1
1b. Advocacy	1
2. The aging process	1
3. Communication	1
4. Types of facilities	2
4a. Levels of care	1
4b. Long-term care funding	1
5. Residents rights	4
6. Resident and family councils	1
7. Care planning	N/A
7a. Nursing homes	2
7b. Community residential care facilities	2
8. Visiting residents in a facility	2
9. Investigative process	N/A
9a. Forms	1
9b. Resident records	1
9c. Interview process	2
9d. Report writing	2
10. Relationship with other agencies	1
10a. Regulations	2
11. Laws	N/A
11a. SC Ombudsman Law	1
11b. SC Omnibus Adult Protection Act	2
11c. Elder Justice Act	1
11d. Older American's Act	1
12. Ombudsman policies and procedures	1
13. Legal Services	2
14. Ombudsman database	2
15. Health licensing	N/A
15a. DHEC survey and certification training	N/A
15b. DHEC licensure visit	N/A
16. Nursing homes	N/A
16a. Nursing home investigation	N/A
16b. Nursing home investigation with closure letter	N/A
17. Other facility: Investigation	N/A
17a. Department of Special Needs	N/A
17b. Department of Special Needs investigation with closure letter	N/A
17c. Department of Mental Health	N/A
17d. Department of Mental Health investigation with closure letter	N/A
17e. Community residential care facilities	N/A
17f. Community residential care facilities with closure letter	N/A
18. Friendly visit shadowing	N/A
Department of Special Needs	N/A
18a. Day program	N/A
18b. Intermediate care facility	N/A
18c. Community residential care facilities	N/A
18d. Community training home	N/A
18e. Supervised living	N/A
Nursing home	N/A
18f. NH	N/A

Agency Comments

Appendix C
Agency Comments



State of South Carolina
Department on Aging

Henry McMaster
Governor

Connie D. Munn
Director

June 17, 2020

Mr. K Earle Powell, Director
Legislative Audit Council
1331 Elmwood Drive, Suite 315
Columbia, SC 29201

Re: SCDOA Legislative Audit

Dear Mr. Powell,

I have received the draft audit dated June of 2020. As the new director, one of my first duties was working with your staff on their audit review of our agency. The draft report concurs with many of the procedures already established, therefore, I am confident that the findings in the report will have a positive impact on the way in which our agency operates more efficiently and effectively.

I would like to take this opportunity to thank you and your staff for the time dedicated to this audit. The audit process has verified and justified deficiencies that the SCDOA needs to address and implement. The audit was conducted in a thorough, conscientious and professional manner. Due to the challenges presented by the COVID -19 pandemic we are all facing, I am thankful to your staff for their understanding and patience as we worked together to finalize the audit.

Upon review, it was encouraging to note that many of the LAC's recommendations have already been identified and are being corrected. As stated in your report, it has been challenging, at best, for the Department staff to work with ten different directors since 2003. Within that timeframe, the Department has continued its efforts to accomplish their mission of enhancing the quality of life for older South Carolinians by advocating, planning and developing resources and partnerships. The staff at SCDOA are dedicated and knowledgeable in their job duties and work closely as a team to ensure that the programs we administer are in compliance with federal and state laws. In the report where deficiencies are noted, many of these have already been addressed and policies and procedures are in place.

The majority of the recommendations, 54 out of 119, center around the need for a uniform monitoring system. This was one of the first initiatives established in January and the staff was eager to accomplish this goal. Unfortunately, COVID 19 has disrupted our state and nation and we have been operating in emergency mode since March. This has delayed many of the initiatives we had in place, one of which was to develop and implement monitoring tools. SCDOA plans to have these tools in place within the next six months and will continue on an annual basis in the future.

Please note SCDOA's comments on the following draft audit:

- On pages 31-33, the draft report addresses the issues concerning waiting lists. On numerous occasions, various SCDOA staff provided information via emails and phone calls to assist LAC staff in understanding how waiting lists are handled statewide. At one point, a tentative meeting was scheduled with your staff and several SCDOA staff to discuss, however, your staff declined our request to meet. Based on the remarks stated in the report, the issue of waiting lists is still not fully understood by LAC. The individuals on the waiting list are the AAAs' and their provider's clients. The SCDOA provides funding and policy and program guidance to deliver the services. The SCDOA does review waiting list data to determine need. The Department will continue to monitor and develop better protocols to track the waiting list.

As mentioned to LAC staff, in various cases, it is not funding alone that will eliminate waiting lists, but the availability of resources, staff, and transportation issues that can preclude services being provided. The harsh reality is, as seen during the COVID19 pandemic, waiting lists can never fully be eliminated due to the growing number of seniors in need of services.

- On page 47, the middle section of the LAC report indicated that an agency official stated that due to a mid-year system upgrade that allowed differentiation between call types resulted in lower reported service units while I/R&A staff salaries increased. Only restricted SCDOA personnel would be privy to what the AAA's pay their staff and those salaries are at the discretion of the AAA's who hire their staff.
- On page 60, the last paragraph states that SCDOA did not employ a Family Caregiver Support Program manager from December 2019-April 2020. The agency posted for the position on January 10th, 2020. Considering the length of time that the process takes to advertise, interview, and reference checks, we were able to hire a new manager with a start date of April 2, 2020. The newly hired manager is both experienced and a former AAA Director, therefore, with the executive leadership position previously held, a four-week notice was appropriate before starting at SCDOA.
- On page 72, the top paragraph addresses the fact that only five meal sites out of 78 providers, were visited for monitoring purposes. Whereas SCDOA agrees and will certainly ensure monitoring is conducted at the AAA level, it needs to be noted, that those plans will involve ensuring the ten AAA's are in compliance with federal and state laws, and part of those monitoring visits will most likely involve visiting one meal site in each region. It is solely the responsibility of the AAA and is part of SCDOA policy that they monitor all of their sites/providers on an annual basis.
- On page 104, the last paragraph references the turnover rate. Additionally, it addresses the need to build relationships within the aging network and that SCDOA employees need to provide services effectively, further emphasizing the importance of tenure at the agency. It is important to note that as the new director, I have over 14 years of experience at the AAA level. Also, two of the most recent new hires came from the aging network which clearly illustrates a very strong connection with the aging network. With these new hires, a level of accountability and expertise has been added and they are key team members for their divisions.

- SCDOA notes that in addition to the training requirements for the I&R/A Specialist, the following is part of SCDOA policy and needs to be a part of this report.

“The AAA shall guarantee that I&R/A Specialists receive training in aging and disability programs, earn AIRS (Alliance for Information and Referral Systems) certification within 90 days of their hire dates, and provide a copy of the current AIRS certificate to the Department on Aging I&R/A Program Coordinator. (If the I&R/A Specialist, hired by the AAA, does not meet the AIRS requirements to obtain AIRS certification within 15 months of hire, or if the I&R/A Specialist fails to complete 10 hours of continuing I&R/A education every two years to maintain AIRS certification, the AAA shall notify the Department on Aging I&R/A Program Coordinator within one working day of learning the regional specialist has not maintained required training. 2. New I&R/A Specialists shall acquire knowledge of and utilize the ABC’s of Information and Referral, become familiar with NASUAD, complete at least three introductory NASUAD IQ trainings (of their choice) and acquire certificates of completion within the year, and utilize any on-line training provided by the Department on Aging (as appropriate to their job duties). Certificates of completion for NASUAD IQ trainings shall be kept on file. 3. All backups for I&R/A Specialists shall receive training in aging and disability programs and complete at least four hours of additional I&R/A training annually. AIRS certification is preferred. 4. I&R/A Specialists shall be trained by the AAA to use the SC Aging Contact Tracker (SC ACT) in accordance with I&R/A Program protocols set by the Department on Aging.”

The AIRS certificates are being kept on file and monitored to ensure the specialists’ credentials are up to date.

- SCDOA does not agree with LAC's comments that we did not provide the financial data and/or expenditures. The agency utilizes the South Carolina Enterprise Information System for all accounting and, all expenditures made by the agency must contain sufficient documentation with the payment request for the South Carolina Comptroller General who authorizes the payments. If LAC feels they did not obtain the required financial data, it is likely they failed to request the data from the appropriate SCDOA staff member or were unclear in what data they needed.

LAC Recommendations	SCDOA Responses
Chapter 1 - Background	The SCDOA is a relatively new cabinet level agency. Prior to January 2019 it was part of the Lieutenant Governor's Office. The SCDOA did not have its first confirmed director until January 2020. Since the January 2019 transition the Department has been working to review and revise programs and monitoring practices. Before 2019, program managers were not required to monitor their programs at the AAA or provider levels.
1-6	SCDOA agrees with the LAC's recommendations.
7	SCDOA agrees with the LAC's recommendation and uses the most current information available from the ACS.
8-15	SCDOA agrees with the LAC's recommendations.
16-17	SCDOA agrees with the LAC's recommendation regarding 307 of the OAA. In addition, the OAA Section 306(3)(A) allows for temporary provision of services by a SUA.
18-19	SCDOA agrees with the LAC's recommendations.
20-24	<u>Service Provider and AAA Reimbursement process</u> The agency is in the process of revising the fiscal policy manual to address the areas of concern brought to light by the LAC visit, questions asked, and recommendations made in this section. These include improved workflow to approve and pay requests for reimbursements. Notice of Awards are being issued earlier to AAA in order for them to adopt budgets. SCDOA has hired a full time position who will provide fiscal monitoring to all sub-grantees and verify that all federal, state, and grant requirements are being fulfilled, including proper payment to service providers based on any contractual agreement.
25	SCDOA agrees with the LAC's recommendation. All Divisional Managers and Program Coordinators are currently working on uniformed QA standards for each service. The June 20, 2020 deadline has been extended due to the Department's emergency response for COVID19.
26-31	SCDOA agrees with the LAC's recommendations.
32-35	<u>Oversight of Title III B Need Improvements Assessments</u> -The draft monitoring tool that was to be implemented April 2020 has been extended due to the Department's emergency response for COVID19.
36-40	SCDOA agrees with the LAC's recommendations. (I/R/A)
41-49	SCDOA agrees with the LAC's recommendations.
50	<u>Improvements Needed to Adequately Monitor Respite Services</u> The agency has hired a full time staff to provide fiscal monitoring to all sub-grantees regardless of funding source. The fiscal monitor will work with SCDOA program staff in writing the grant terms and conditions to ensure that sub-grantees are aware of the required fiscal documentation that will be required for reimbursement and for fiscal monitoring.
51-54	SCDOA agrees with the LAC's recommendations.
55	<u>Adequate Monitoring Not Conducted for Nutrition Services</u> This recommendation is being included in the revised fiscal policy manual. With the hiring of a new nutrition coordinator April 2020, they are already working on the new monitoring requirements for the agency.
56-59	SCDOA agrees with the LAC's recommendations.

60-69	SCDOA agrees with the LAC's recommendations. (Monitoring of the LTCOP)
70	<p>SCDOA agrees with the LAC's recommendation. (Ombudsman Line Item)</p> <p>The S.C. Department on Aging will revise and supplement our recommended law changes to the House Legislative Oversight Committee in connection with our Performance Evaluation Report to include this suggestion. We believe it will provide for greater financial transparency within the program and the agency as a whole.</p>
71-75	SCDOA agrees with the LAC's recommendations.
76-78	<p><u>Monitoring Enhancements Needed for the Eldercare Trust Fund</u></p> <p>These recommendations are being included in the revised fiscal policy manual so that all funds awarded by SCDOA, regardless of type will be monitored on an annual basis. The fiscal monitor will work with SCDOA program staff in writing the grant terms and conditions to ensure that sub-grantees are aware of the required fiscal documentation that will be required for reimbursement and for fiscal monitoring.</p>
79-91	SCDOA agrees with the LAC's recommendations.
92	<p>SCDOA agrees with the LAC's recommendation as it relates to the S.C. Department on Aging to encourage equitable pay for regional ombudsmen and pilot ombudsmen.</p> <p>The agency agrees that staff should be paid on an equitable basis, however the 'pilot' Ombudsmen are hired by and are employees of the COG or the AAA. The Ombudsmen's salaries are determined by the COG or AAA where they are employed.</p>
93-103	SCDOA agrees with the LAC's recommendations.
104-106	SCDOA agrees with the LAC's recommendations. (Contract Management)
107-114	SCDOA agrees with the LAC's recommendations.
115	SCDOA agrees with the LAC's recommendation and has obtained an Attorney General ruling.
116	<p>SCDOA agrees with the LAC's recommendation. (<u>FOIA</u>)</p> <p>While the Older Americans Act provides the State Long-Term Care Ombudsman with discretion over the disclosure of files, the agency will direct that Ombudsman files and records be disclosed where they fall into the exceptions against the general prohibition on disclosure as outlined in Section 712(d)(2)(B) and (C) of the Older Americans Act, as well as the exceptions to disclosure in the regulations promulgated by the U.S. Department of Health and Human Services. The Agency is currently revising the FOIA process as it relates to the Ombudsman division and is doing so such that: 1) the requirements of the Older Americans Act and federal regulations are met regarding disclosure in the Ombudsman program; 2) the spirit of the S.C. Freedom of Information Act is met as it pertains to public transparency; 3) interested legal representatives are able to obtain records pertaining to family members in civil actions to advance elder justice interests. The revised procedures regarding FOIA in the Long-Term Care Ombudsman Program will make increased use of redactions where appropriate, and will not deny family members access to resident records unless precluded by federal and/or state law, or other applicable privilege. The Agency will ensure that all FOIAs are answered within the time periods prescribed by law. Additionally,</p>

	disclosure of information from LTCOP files must also meet the requirements as stated in the Older American's Act.
117-118	SCDOA agrees with the LAC's recommendations.
119	Policy Changes not communicated in Written Format Since the confirmation of the new director in January 2020, the agency has implemented any policy changes will be communicated to staff in a timely manner and in writing.

In closing, I would again like to thank the LAC staff for the hard work and dedication demonstrated to ensure that the draft report was completed promptly. Considering the change in leadership at SCDOA as you were nearing the end of your study, I greatly appreciate your patience by taking the time to explain a process that was already in progress.

It is an honor for me to serve as the director of the South Carolina Department on Aging. I look forward to the opportunity to continue working with such talented and passionate staff as we move towards becoming a more efficient and effective agency that advocates for our older population.

Sincerely,



Connie D. Munn, Director
South Carolina Department on Aging

